

2025

Annual Notice of Changes

Humana Value Rx Plan (PDP)

Region 22
State of Texas

Humana®



Thank you for being a Humana member. Your Humana Value Rx Plan (PDP) plan is changing.

We appreciate you choosing Humana for your prescription drug plan. This booklet is a comparison of your 2024 benefits to your 2025 benefits and how your plan is changing. Please see the “Summary of Important costs for 2025” table in this booklet for more information.

If you'd like to keep your current Humana plan, you don't need to do anything. It will automatically renew on January 1, 2025.

Please hold on to your current Humana member ID card. Humana does not issue new ID cards each plan year for members remaining with their current Humana plan. You will only receive a new ID card if the card's information changes, or you select a different plan for 2025.

Here are a few tips to help you choose the plan that best fits your needs. Consider things like:

- Premium payment: the amount you pay each month for insurance
- Deductible: the amount you pay for prescription drugs before your plan begins to pay
- Copay: a set dollar amount you pay for a prescription drug
- Coinsurance: the share or percentage you pay for prescription drugs
- Network retail and mail-order pharmacies at [**www.Humana.com/FindaPharmacy**](https://www.humana.com/FindaPharmacy): where you can locate preferred cost-sharing pharmacies, which may provide prescriptions at a lower cost.

Understand all other plan options, including all-in-one Medicare Advantage Prescription Drug plans.

For example, you could enroll in a Medicare Advantage Prescription Drug (MAPD) plan, which brings prescription coverage and your medical coverage together in one plan and offers you access to in-network pharmacies. An MAPD plan includes everything Original Medicare has and often provides additional benefits.

Go paperless. You can opt to receive electronic documents and communications from us. It's easy. Just sign in to MyHumana and set your preferences.

Humana Value Rx Plan (PDP) offered by Humana Insurance Company

Annual Notice of Changes for 2025

You are currently enrolled as a member of Humana Walmart Value Rx Plan (PDP). Next year, there will be changes to the plan's costs and benefits. *Please see page 6 for a Summary of Important Costs, including Premium.*

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at [Humana.com/PlanDocuments](https://www.humana.com/PlanDocuments). You may also call Customer Care to ask us to mail you an *Evidence of Coverage*.

You have from October 15 until December 7 to make changes to your Medicare coverage for next year.

What to do now

1. ASK: Which changes apply to you

- ☐ Check the changes to our benefits and costs to see if they affect you.
 - Review the changes to our drug coverage, including coverage restrictions and cost sharing.
 - Think about how much you will spend on premiums, deductibles, and cost sharing.
 - Check the changes in the 2025 “Drug Guide” to make sure the drugs you currently take are still covered.
 - Compare the 2024 and 2025 plan information to see if any of these drugs are moving to a different cost-sharing tier or will be subject to different restrictions, such as prior authorization, step therapy, or a quantity limit, for 2025.
- ☐ Check if you qualify for help paying for prescription drugs. People with limited incomes may qualify for “Extra Help” from Medicare.
- ☐ Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

- ☐ Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2025* handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.
- ☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. CHOOSE: Decide whether you want to change your plan

- If you don't join another plan by December 7, 2024, you will stay in Humana Value Rx Plan (PDP).
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2025**. This will end your enrollment with Humana Value Rx Plan (PDP).

Additional Resources

- This document is available for free in Spanish.

- Please contact our Customer Care number at 1-800-281-6918 for additional information. (TTY users should call 711.) Hours are 8 a.m. to 8 p.m. seven days a week from October 1 - March 31 and 8 a.m. to 8 p.m. Monday-Friday from April 1 - September 30. This call is free.
- This information is available in different formats, including braille, large print, and audio. Please call Customer Care at the number listed above if you need plan information in another format.

About Humana Value Rx Plan (PDP)

- Humana Value Rx Plan (PDP) is a stand-alone prescription drug plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal.
- When this document says "we," "us," or "our," it means Humana Insurance Company. When it says "plan" or "our plan," it means Humana Value Rx Plan (PDP).

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Lists the names, addresses, phone numbers, and other contact information for a variety of helpful resources in your state.

Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for Humana Value Rx Plan (PDP) in several important areas. **Please note this is only a summary of costs.**

Cost	2024 (this year)	2025 (next year)
	In-Network	In-Network
Monthly plan premium* * Your premium may be higher or lower than this amount. See Section 2.1 for details.	\$47.10	\$43.30
Part D prescription drug coverage (See Section 2.3 for details.)	<p>Deductible: \$545 except for covered insulin products and most adult Part D vaccines. Your cost for covered insulin during this stage will be the same as your cost in the Initial Coverage Stage below.</p> <p>During this stage, you pay \$0 cost sharing for drugs on Tier 1, \$1 cost sharing for drugs on Tier 2 and the full cost of drugs on Tier 3, Tier 4, and Tier 5 until you have reached the yearly deductible.</p> <p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <p>For a 30-day supply from a retail pharmacy with preferred cost-sharing:</p> <ul style="list-style-type: none"> • Drug Tier 1: \$0 • Drug Tier 2: \$1 • Drug Tier 3: 16% You pay \$35 per month supply of each covered insulin product on this tier. • Drug Tier 4: 46% • Drug Tier 5: 25% You pay \$35 per month supply of each covered insulin product on this tier. 	<p>Deductible: \$573 except for covered insulin products and most adult Part D vaccines. Your cost for covered insulin during this stage will be the same as your cost in the Initial Coverage Stage below.</p> <p>During this stage, you pay \$0 cost sharing for drugs on Tier 1, \$0 cost sharing for drugs on Tier 2 and the full cost of drugs on Tier 3, Tier 4, and Tier 5 until you have reached the yearly deductible.</p> <p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <p>For a 30-day supply from a retail pharmacy with preferred cost-sharing:</p> <ul style="list-style-type: none"> • Drug Tier 1: \$0 • Drug Tier 2: \$0 • Drug Tier 3: 20% You pay \$35 per month supply of each covered insulin product on this tier. • Drug Tier 4: 34% • Drug Tier 5: 26% You pay \$35 per month supply of each covered insulin product on this tier.

Cost	2024 (this year)	2025 (next year)
	In-Network	In-Network
	<p>For a 30-day supply from a retail pharmacy with standard cost-sharing:</p> <ul style="list-style-type: none"> • Drug Tier 1: \$10 • Drug Tier 2: \$20 • Drug Tier 3: 24% <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <ul style="list-style-type: none"> • Drug Tier 4: 46% • Drug Tier 5: 25% <p>You pay \$35 per month supply of each covered insulin product on this tier.</p>	<p>For a 30-day supply from a retail pharmacy with standard cost-sharing:</p> <ul style="list-style-type: none"> • Drug Tier 1: \$1 • Drug Tier 2: \$3 • Drug Tier 3: 20% <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <ul style="list-style-type: none"> • Drug Tier 4: 34% • Drug Tier 5: 26% <p>You pay \$35 per month supply of each covered insulin product on this tier.</p>
	<p>For a 90-day supply from a mail-order pharmacy with preferred cost-sharing:</p> <ul style="list-style-type: none"> • Drug Tier 1: \$0 • Drug Tier 2: \$3 • Drug Tier 3: 16% <p>You pay \$105 per 3-month supply of each covered insulin product on this tier.</p> <ul style="list-style-type: none"> • Drug Tier 4: 46% • Drug Tier 5: Not available 	<p>For a 90-day supply from a mail-order pharmacy with preferred cost-sharing:</p> <ul style="list-style-type: none"> • Drug Tier 1: \$0 • Drug Tier 2: \$0 • Drug Tier 3: 20% <p>You pay \$105 per 3-month supply of each covered insulin product on this tier.</p> <ul style="list-style-type: none"> • Drug Tier 4: 34% • Drug Tier 5: Not available

Cost	2024 (this year)	2025 (next year)
	In-Network	In-Network
	<p>For a 90-day supply from a mail-order pharmacy with standard cost-sharing:</p> <ul style="list-style-type: none">• Drug Tier 1: \$30• Drug Tier 2: \$60• Drug Tier 3: 24% <p>You pay \$105 per 3-month supply of each covered insulin product on this tier.</p> <ul style="list-style-type: none">• Drug Tier 4: 46%• Drug Tier 5: Not available	<p>For a 90-day supply from a mail-order pharmacy with standard cost-sharing:</p> <ul style="list-style-type: none">• Drug Tier 1: \$3• Drug Tier 2: \$9• Drug Tier 3: 20% <p>You pay \$105 per 3-month supply of each covered insulin product on this tier.</p> <ul style="list-style-type: none">• Drug Tier 4: 34%• Drug Tier 5: Not available
	<p>Catastrophic Coverage:</p> <ul style="list-style-type: none">• During this payment stage, the plan pays the full cost for your covered Part D drugs	<p>Catastrophic Coverage:</p> <ul style="list-style-type: none">• During this payment stage, you pay nothing for your covered Part D drugs.

SECTION 1

We Are Changing the Plan's Name

On January 1, 2025, our plan name will change from Humana Walmart Value Rx Plan (PDP) to Humana Value Rx Plan (PDP). **This change only impacts the plan name.** Please see Section 2.2 or your *Pharmacy Directory* ([Humana.com/PlanDocuments](https://www.humana.com/PlanDocuments)) for information regarding our pharmacy network.

SECTION 2

Changes to Benefits and Costs for Next Year

Section 2.1 -

Changes to the Monthly Premium

Cost	2024 (this year)	2025 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	\$47.10	\$43.30

Your monthly plan premium will be more if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.

If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.

Your monthly premium will be less if you are receiving "Extra Help" with your prescription drug costs. Please see Section 6 regarding "Extra Help" from Medicare.

Section 2.2 -

Changes to the Pharmacy Network

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies. Our network includes pharmacies with preferred cost-sharing, which may offer you lower cost-sharing than the standard cost-sharing offered by other network pharmacies for some drugs.

There are changes to our network of pharmacies for next year. An updated *Pharmacy Directory* is located on our website at [Humana.com/PlanDocuments](https://www.humana.com/PlanDocuments). You may also call Customer Care for updated provider information or to ask us to mail you a *Pharmacy Directory*. **Please review the 2025 Pharmacy Directory ([Humana.com/PlanDocuments](https://www.humana.com/PlanDocuments)) to see which pharmacies are in our network.**

It is important that you know that we may make changes to the pharmacies that are part of your plan during the year. If a mid-year change in our pharmacies affects you, please contact Customer Care so we may assist.

The Humana Value Rx Plan (PDP) Prescription Drug Plan pharmacy network includes limited lower-cost, preferred pharmacies in urban areas of AR, CT, DE, IA, IN, KY, MA, ME, MI, MN, MO, MS, NC, ND, NJ, NY, OH, PR, RI, SD, TN, WI, WV; suburban areas of CT, DE, MA, MI, MN, MT, ND, NJ, NY, OH, PA, PR, RI, WV 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, MI, MN, MS, ND, OH; 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/PlanDocuments](https://www.humana.com/PlanDocuments).

Section 2.3 - Changes to Part D Prescription Drug Coverage

Changes to Our Drug Guide

Our list of covered drugs is called a Formulary or Drug Guide. A copy of our Drug Guide is provided electronically. **You can also get the Drug Guide** by calling Customer Care (see the back cover) or visiting our website ([Humana.com/PlanDocuments](https://www.humana.com/PlanDocuments)).

We made changes to our Drug Guide, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the Drug Guide to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug Guide are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the plan year. We update our online Drug Guide at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you are taking, we will send you a notice about the change.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 7 of your *Evidence of Coverage* and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Customer Care for more information.

We currently can immediately remove a brand name drug on our Drug Guide if we replace it with a new generic drug version on the same or a lower cost-sharing tier and with the same or fewer restrictions as the brand name drug it replaces. Also, when adding a new generic, we may also decide to keep the brand name drug on our Drug Guide, but immediately move it to a different cost-sharing tier or add new restrictions or both.

Starting in 2025, we can immediately replace original biological products with certain biosimilars. This means, for instance, if you are taking an original biological product that is being replaced by a biosimilar, you may not get notice of the change 30 days before we make it or get a month's supply of your original biological product at a network pharmacy. If you are taking the original biological product at the time we make the change, you will still get information on the specific change we made, but it may arrive after we make the change.

Some of these drug types may be new to you. For definitions of drug types, please see Chapter 10 of your *Evidence of Coverage*. The Food and Drug Administration (FDA) also provides consumer information on drugs. See FDA website: <https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients>. You may also contact Customer Care or ask your health care provider, prescriber, or pharmacist for more information.

Changes to Prescription Drug Benefits and Costs

Note: If you are in a program that helps pay for your drugs ("Extra Help"), **the information about costs for Part D prescription drugs may not apply to you.** We sent you a separate insert, called the "*Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*" (also called the *Low Income Subsidy Rider* or the *LIS Rider*),

which tells you about your drug costs. If you receive "Extra Help" and you haven't received this insert by September 30, please call Customer Care and ask for the *LIS Rider*.

Beginning in 2025, there are three **drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program will no longer exist in the Part D benefit.

The Coverage Gap Discount Program will also be replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of the plan’s full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

Changes to the Deductible Stage

Stage	2024 (this year)	2025 (next year)
Stage 1: Yearly Deductible Stage During this stage, you pay the full cost of your Tier 3, Tier 4, and Tier 5 drugs until you have reached the yearly deductible. The deductible doesn’t apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines. Your cost for covered insulin during this stage will be the same as your cost in the Initial Coverage Stage below.	The deductible is \$545 . During this stage, you pay \$0 cost sharing for drugs on Tier 1, \$1 cost sharing for drugs on Tier 2 and the full cost of drugs on Tier 3, Tier 4, and Tier 5 until you have reached the yearly deductible.	The deductible is \$573 . During this stage, you pay \$0 cost sharing for drugs on Tier 1, \$0 cost sharing for drugs on Tier 2 and the full cost of drugs on Tier 3, Tier 4, and Tier 5 until you have reached the yearly deductible.

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2024 (this year)	2025 (next year)
Stage 2: Initial Coverage Stage Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost . We changed the tier for some of the drugs on our Drug Guide. To see if your drugs will be in a different tier, look them up on the Drug Guide. Most adult Part D vaccines are covered at no cost to you.	The number of days in a one-month supply is 30. Your cost for a one-month supply filled with standard cost sharing is:	The number of days in a one-month supply is 30. Your cost for a one-month supply filled with standard cost sharing is:
	Preferred Generic: Standard cost sharing: You pay \$10 per prescription.	Preferred Generic: Standard cost sharing: You pay \$1 per prescription.

Stage	2024 (this year)	2025 (next year)
	<p>Your cost for a one-month mail-order prescription is \$10</p> <p><i>Preferred cost sharing:</i> You pay \$0 per prescription.</p> <p>Your cost for a one-month mail-order prescription is \$0</p>	<p>Your cost for a one-month mail-order prescription is \$1</p> <p><i>Preferred cost sharing:</i> You pay \$0 per prescription.</p> <p>Your cost for a one-month mail-order prescription is \$0</p>
	<p>Generic:</p> <p><i>Standard cost sharing:</i> You pay \$20 per prescription.</p> <p>Your cost for a one-month mail-order prescription is \$20</p> <p><i>Preferred cost sharing:</i> You pay \$1 per prescription.</p> <p>Your cost for a one-month mail-order prescription is \$1</p>	<p>Generic:</p> <p><i>Standard cost sharing:</i> You pay \$3 per prescription.</p> <p>Your cost for a one-month mail-order prescription is \$3</p> <p><i>Preferred cost sharing:</i> You pay \$0 per prescription.</p> <p>Your cost for a one-month mail-order prescription is \$0</p>
	<p>Preferred Brand:</p> <p><i>Standard cost sharing:</i> You pay 24% per prescription.</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Your cost for a one-month mail-order prescription is 24%</p> <p><i>Preferred cost sharing:</i> You pay 16% per prescription.</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Your cost for a one-month mail-order prescription is 16%</p>	<p>Preferred Brand:</p> <p><i>Standard cost sharing:</i> You pay 20% per prescription.</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Your cost for a one-month mail-order prescription is 20%</p> <p><i>Preferred cost sharing:</i> You pay 20% per prescription.</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Your cost for a one-month mail-order prescription is 20%</p>
	<p>Non-Preferred Drug:</p> <p><i>Standard cost sharing:</i> You pay 46% per prescription.</p> <p>Your cost for a one-month mail-order prescription is 46%</p> <p><i>Preferred cost sharing:</i> You pay 46% per prescription.</p> <p>Your cost for a one-month mail-order prescription is 46%</p>	<p>Non-Preferred Drug:</p> <p><i>Standard cost sharing:</i> You pay 34% per prescription.</p> <p>Your cost for a one-month mail-order prescription is 34%</p> <p><i>Preferred cost sharing:</i> You pay 34% per prescription.</p> <p>Your cost for a one-month mail-order prescription is 34%</p>
	<p>Specialty Tier:</p> <p><i>Standard cost sharing:</i> You pay 25% per prescription.</p>	<p>Specialty Tier:</p> <p><i>Standard cost sharing:</i> You pay 26% per prescription.</p>

Stage	2024 (this year)	2025 (next year)
	<p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Your cost for a one-month mail-order prescription is 25%</p> <p><i>Preferred cost sharing:</i> You pay 25% per prescription.</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Your cost for a one-month mail-order prescription is 25%</p>	<p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Your cost for a one-month mail-order prescription is 26%</p> <p><i>Preferred cost sharing:</i> You pay 26% per prescription.</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Your cost for a one-month mail-order prescription is 26%</p>
	<p>Once your total drug costs have reached \$5,030 , you will move to the next stage (the Coverage Gap Stage).</p>	<p>Once you have paid \$2,000 out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p>

Changes to the Catastrophic Coverage Stages

The Catastrophic Coverage Stage is the third and final stage. Beginning in 2025, drug manufacturers pay a portion of the plan’s full cost for covered Part D brand name drugs and biologics during the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

For the Coverage Gap Stage for drugs on Tier 1 Preferred Generic and Tier 2 Generic, your cost sharing is changing from coinsurance to a copayment.

If you reach the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs.

For specific information about your costs in the Catastrophic Coverage Stage, look at Chapter 4, Section 6, in your *Evidence of Coverage*.

SECTION 3

Administrative Changes

Description	2024 (this year)	2025 (next year)
Medicare Prescription Payment Plan	Not applicable	The Medicare Prescription Payment Plan is a new payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across monthly payments that vary throughout the year (January – December). To learn more about this payment option, please visit Humana.com/RxCostHelp , contact us at the Customer Care number on the back of your Humana Member ID card or visit Medicare.gov.

SECTION 4

Deciding Which Plan to Choose

Section 4.1 -

If You Want to Stay in Humana Value Rx Plan (PDP)

To stay in our plan, you don't need to do anything. If you do not sign up for a different plan by December 7, you will automatically be enrolled in our Humana Value Rx Plan (PDP).

Section 4.2 -

If You Want to Change Plans

We hope to keep you as a member next year but if you want to change plans for 2025 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare prescription drug plan,
- *OR--* You can change to a Medicare health plan. Some Medicare health plans also include Part D prescription drug coverage,
- *OR--* You can keep your current Medicare health coverage and drop your Medicare prescription drug coverage.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2025* handbook, call your State Health Insurance Assistance Program (SHIP) (see Section 4), or call Medicare (see Section 8.2).

Step 2: Change your coverage

- To **change to a different Medicare prescription drug plan**, enroll in the new plan. You will automatically be disenrolled from Humana Value Rx Plan (PDP).

- To **change to a Medicare health plan**, enroll in the new plan. Depending on which type of plan you choose, you may automatically be disenrolled from Humana Value Rx Plan (PDP).
 - You will automatically be disenrolled from Humana Value Rx Plan (PDP) if you enroll in any Medicare health plan that includes Part D prescription drug coverage. You will also automatically be disenrolled if you join a Medicare Health Maintenance Organization (HMO) or Medicare Preferred Provider Organization (PPO), even if that plan does not include prescription drug coverage.
 - If you choose a Private Fee-For-Service plan without Part D drug coverage, a Medicare Medical Savings Account plan, or a Medicare Cost Plan, you can enroll in that new plan and keep Humana Value Rx Plan (PDP) for your drug coverage. Enrolling in one of these plan types will not automatically disenroll you from Humana Value Rx Plan (PDP). If you are enrolling in this plan type and want to leave our plan, you must ask to be disenrolled from Humana Value Rx Plan (PDP). To ask to be disenrolled, you must send us a written request or contact Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week (TTY users should call 1-877-486-2048).
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll or visit our website to disenroll online. Contact Customer Care if you need more information on how to do so.
 - OR – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 5 Deadline for Changing Plans

If you want to change to a different prescription drug plan or to a Medicare health plan for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2025.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include, people with Medicaid, those who get "Extra Help" paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you recently moved into or, currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

SECTION 6 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. State Health Insurance Assistance Program (SHIP) counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call your State Health Insurance Assistance Program at the number listed in "Exhibit A" in the back of this document.

SECTION 7 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **"Extra Help" from Medicare.** People with limited incomes may qualify for "Extra Help" to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, yearly deductibles, and coinsurance. Additionally, those who qualify will not have a late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day, 7 days a week;
 - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
 - Your State Medicaid Office.
- **Help from your state's pharmaceutical assistance program.** Many states have State Pharmaceutical Assistance Programs (SPAPs) that help people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (the name and phone numbers for this organization are in "Exhibit A" of this document).
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your State, individuals must meet certain criteria; including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the ADAP program. For information on eligibility criteria, covered drugs, how to enroll in the program or if you are currently enrolled how to continue receiving assistance, call the ADAP program (the name and phone numbers for this organization are listed in "Exhibit A" in the back of this document). Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a new payment option to help you manage your out-of-pocket drug costs, starting in 2025. This new payment option works with your current drug coverage, and it can help you manage your drug costs by spreading them across **monthly payments that vary throughout the year** (January - December). **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**
- "Extra Help" from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in this payment option, regardless of income level, and all Medicare drug plans and Medicare health plans with drug coverage must offer this payment option. To learn more about this payment option, please visit [Humana.com/RxCostHelp](https://www.humana.com/RxCostHelp), contact us at the Customer Care number on the back of your Humana Member ID card or visit Medicare.gov.

SECTION 8 Questions?

Section 8.1 - Getting Help from Humana Value Rx Plan (PDP)

Questions? We're here to help. Please call Customer Care at 1-800-281-6918. (TTY only, call 711.) We are available for phone calls 8 a.m. to 8 p.m., seven days a week from Oct. 1 – Mar. 31 and 8 a.m. to 8 p.m. Monday – Friday from Apr. 1 – Sept. 30. Calls to these numbers are free.

Read your 2025 Evidence of Coverage (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2025. For details, look in the 2025 *Evidence of Coverage* for Humana Value Rx Plan (PDP). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at **[Humana.com/PlanDocuments](https://www.humana.com/PlanDocuments)**. You may also call Customer Care to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at **[Humana.com/PlanDocuments](https://www.humana.com/PlanDocuments)**. As a reminder, our website has the most up-to-date information about our pharmacy network (*Pharmacy Directory*) and our *List of Covered Drugs* (*Formulary/Drug Guide*).

Section 8.2 - Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare prescription drug plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read Medicare & You 2025

Read the *Medicare & You 2025* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Exhibit A - State Agency Contact Information**Exhibit A- State Agency Contact Information**

This section provides the contact information for the state agencies referenced in this Annual Notice of Changes. If you have trouble locating the information you seek, please contact Customer Care at the phone number on the back cover of this booklet.

TEXAS	
SHIP Name and Contact Information	Texas Department of Aging and Disability Services (HICAP) 1100 West 49th Street Austin, TX 78756 1-800-252-9240 (toll free) 1-512-438-3538 (fax) https://hhs.texas.gov/services/health/medicare
Quality Improvement Organization	Acentra Health 5201 W. Kennedy Blvd. Suite 900 Tampa, FL 33609 1-888-315-0636 711 (TTY) 1-844-878-7921 (Fax)
State Medicaid Office	Texas Health and Human Services Commission (HHSC) Medicaid Program 4601 West Guadalupe Street Austin, TX 78751 1-800-252-8263 (toll free) 1-512-424-6500 (local) 1-512-424-6597 (TTY) https://www.hhs.texas.gov/services/health/medicaid-chip
State Pharmacy Assistance Program(s)	Texas Kidney Health Care Program (KHC) Department of State Health Services, MC 1938 P.O. Box 149030 Austin, TX 78714-9947 1-800-222-3986 (toll free) 1-512-776-7150 (local) https://www.hhs.texas.gov/services/health/kidney-health-care
AIDS Drug Assistance Program	Texas HIV Medication Program (THMP) Texas HIV Medication Program, ATTN: MSJA, MC 1873 Po BOX 149347 Austin, TX 78714 1-800-255-1090 1-512-533-3178 (fax) (eligibility) 1-737-255-4300 https://www.dshs.texas.gov/hivstd/meds/

Insurance ACE

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 do not need to do anything unless you have a request or complaint.

This Notice of Privacy Practices applies to all entities that are part of the Insurance ACE, an Affiliated Covered Entity under HIPAA. The ACE is a group of legally separate covered entities that are affiliated and have designated themselves as a single covered entity for purposes of HIPAA. A complete list of the members of the ACE is available at <https://huma.na/insuranceace>

We may change our privacy practices and the terms of this notice at any time, as allowed by law, including 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 nonpublic personal or health information?

Nonpublic personal or health information includes both medical information and personal information, like your name, address, telephone number, Social Security number, account numbers, payment information, or demographic information. The term “information” in this notice includes any nonpublic personal and health information. This includes information created or received by a healthcare provider or health plan. The information relates to your physical or mental health or condition, providing healthcare to you, or the payment for such healthcare.

How do we collect information about you?

We collect information about you and your family when you complete applications and forms. We also collect information from your dealings with us, our affiliates, or others. For example, we may receive information about you from participants in the healthcare system, such as your doctor or hospital, as well as from employers or plan administrators, credit bureaus, and the Medical Information Bureau.

What information do we receive about you?

The information we receive may include such items as your name, address, telephone number, date of birth, Social Security number, premium payment history, and your activity on our website. This also includes information regarding your medical benefit plan, your health benefits, and health risk assessments.

How do we protect your information?

We have a responsibility to protect the privacy of your information in all formats including electronic, and oral information. We have administrative, technical, and physical 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 employees about our privacy program and procedures

How do we use and disclose your information?

We 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

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, coordinating your care, improving quality, 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. For example, to allow your plan sponsor to obtain bids from other health plans. Your detailed health information will not be shared with your plan sponsor. We will ask your permission, or your plan sponsor must certify they agree to maintain the privacy of your information.
- To contact you with information about health-related benefits and services, appointment reminders, or treatment alternatives that may be of interest to you. If you have opted out, we will not contact you.
- 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. This applies if the information is directly relevant to their involvement with your health care 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 if 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 that 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 help with 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 and provided that they have taken appropriate measures to protect your privacy.
- 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?

We will not use or disclose your information for any reason that is not described in this notice, without your written permission. You may cancel your permission at any time by notifying us in writing.

The following uses and disclosures will require your written permission:

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

What do we do with your information when you are no longer a member?

Your information may continue to be used for purposes described in this notice. This includes when 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?

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. You also may receive a summary of this health information. As required under applicable law, we will make this personal information available to you or to your designated representative.
- Adverse Underwriting Decision - If we decline your application for insurance, you have the right to be provided a reason for the denial.
- Alternate Communications - To avoid a life-threatening situation, you have the right to receive your information in a different manner or at a different place. We will accommodate your request if it is reasonable.
- Amendment - You have the right to request correction of any of this personal information through amendment

or deletion. Within 60 business days of receipt of your written request, we will notify you of our amendment or deletion of the information in dispute, or of our refusal to make such correction after further investigation. If we refuse to amend or delete the information in dispute, you have the right to submit to us a written statement of the reasons for your disagreement with our assessment of the information in dispute and what you consider to be the correct information. We shall make such a statement accessible to any and all parties reviewing the information in dispute.*

- Disclosure - You have the right to receive a listing of instances in which we or our business associates have disclosed your information. This does not apply to treatment, payment, health plan operations, and certain other activities. We maintain this information and make it available to you for six years. If you request this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee.
- Notice - You have the right to request and receive a written copy of this notice any time.
- Restriction - You have the right to ask to limit how your information is used or disclosed. We are not required to agree to the limit, but if we do, we will abide by our agreement. You also have the right to agree to or terminate a previously submitted limitation.

* This right applies only to our Massachusetts residents in accordance with state regulations.

If I believe that my privacy has been violated, what should I do?

If you believe that your privacy has been violated you may file a complaint with us by calling us at 1-866-861-2762 any time.

You may also submit a written complaint to the U.S. Department of Health and Human Services, Office for Civil Rights (OCR). We will give you the appropriate OCR regional address on request. You can also e-mail your complaint to OCRComplaint@hhs.gov. If you elect to file a complaint, your benefits will not be affected and we will not punish or retaliate against you in any way.

We support your right to protect the privacy of your personal and health information.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

We can change the terms of this notice, and the changes will apply to all information we have about you.

The new notice will be available upon request, in our office, and on our web site.

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 forms. You may obtain any of the forms by:

- Contacting us at 1-866-861-2762
- Accessing our website at **Humana.com** and going to the Privacy Practices link
- Send completed request form to:

Humana Inc.
Privacy Office 003/10911
101 E. Main Street
Louisville, KY 40202

Notice of Non-Discrimination

Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate or exclude people because of their race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services.

Humana Inc.:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
 - Qualified interpreters
 - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids, or language assistance services contact **877-320-1235 (TTY: 711)**. Hours of operation: 8 a.m. - 8 p.m., Eastern time. If you believe that Humana Inc. has not provided these services or discriminated on the basis of race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services, you can file a grievance in person or by mail or email with Humana Inc.'s Non-Discrimination Coordinator at P.O. Box 14618, Lexington, KY 40512-4618, **877-320-1235 (TTY: 711)**, or **accessibility@humana.com**. If you need help filing a grievance, Humana Inc.'s Non-Discrimination Coordinator can help you.

You can also file a 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, S.W., Room 509F, HHH Building Washington, D.C. 20201. **800-368-1019, 800-537-7697 (TDD)**.

California members:

You can also file a civil rights complaint with the California Dept. of Health Care Services, Office of Civil rights by calling **916-440-7370 (TTY: 711)**, emailing **Civilrights@dhcs.ca.gov**, or by mail at: Deputy Director, Office of Civil Rights, Department of Health Care Services, P.O. Box 997413, MS 0009, Sacramento, CA 95899-7413. Complaint forms available at: **http://www.dhcs.ca.gov/Pages/Language_Access.aspx**.

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-320-1235 (TTY: 711). Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-320-1235 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-877-320-1235 (听障专线：711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-877-320-1235 (聽障專線：711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-320-1235 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-320-1235 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-877-320-1235 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-320-1235 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-320-1235 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-320-1235 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بخطتنا الصحية أو خطة الأدوية الموصوفة لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على (1-877-320-1235 (TTY: 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-877-320-1235 (TTY: 711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-320-1235 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-320-1235 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

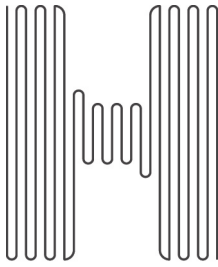
French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-320-1235 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-320-1235 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康保険と処方薬プランに関するご質問にお答えするために、無料の通訳サービスをご用意しています。通訳をご用命になるには、1-877-320-1235 (TTY: 711) にお電話ください。日本語を話す者が支援いたします。これは無料のサービスです。

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There is no handwriting or other markings on the paper.

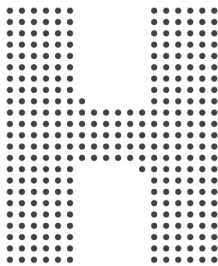
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The information you need is just a click away

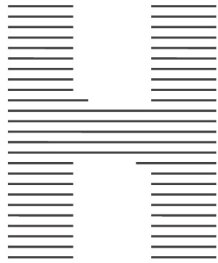


Starting **October 15, 2024**, you can view and search the following 2025 plan documents online at **www.Humana.com/PlanDocuments**:

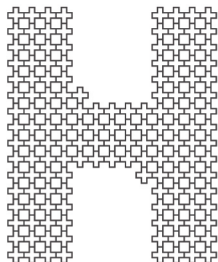


- Evidence of Coverage: details about your plan, including benefits and costs
- Drug List: list of drugs covered in your plan
- Pharmacy Directory: list of pharmacies in your plan's network

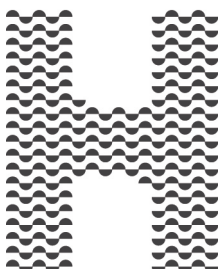
You'll find the most up-to-date information about your plan at **www.Humana.com/PlanDocuments**. It's easy to search, so you can find what you're looking for quickly.



We're here to help. If you have trouble using these online tools, please call the number on the back of your Humana member ID card for support. If you do not have an ID card please visit **www.Humana.com** or call the number below.



Remember that you can view these 2025 plan documents at **www.Humana.com/PlanDocuments** to quickly find the information you are looking for. To get paper copies of these documents by mail, visit the website above, or call **800-281-6918 (TTY: 711)**, 24 hours a day, seven days a week. Please have your Humana member ID card ready when you call. When asked for the reason you've called, say "Evidence of Coverage," "Drug List," and/or "Pharmacy Directory." Please allow up to two weeks to receive the documents by mail.



As a Humana member, we may call you to offer other insurance-related products. You can opt out of those future calls by calling the Customer Care number on the back of your ID card.

Humana Inc.

PO Box 14168
Lexington, KY 40512-4168



S5884201000ANOC25

Important information about changes to your
Medicare prescription drug plan



Look inside

Here's a summary of your **Humana Value Rx Plan (PDP)** that takes effect on January 1, 2025.

Humana®

www.Humana.com
1-800-281-6918 (TTY: 711)