

2011 Out-of-Network Pharmacy Access Policy Humana's Part D Prescription Drug Coverage

As a Humana member, you can save on your prescription drug benefits through a nationwide network of nearly 60,000 pharmacies. To find a Medicare Part D network pharmacy, please visit **Humana.com** or call **1-800-4-HUMANA** (TTY: 711), Monday through Friday, 8 a.m. to 6 p.m.

In addition to obtaining medications from in-network retail pharmacies, you may also choose a mail-order pharmacy to have up to a 90-day supply of covered Part D drugs* delivered directly to your home. Information related to Humana's preferred prescription home-delivery service, *RightSourceRx*SM, as well as other in-network mail-order pharmacies, is available on Humana.com.

*Specialty drugs are limited to a 30 day supply.

If you use a non-preferred mail-order vendor, standard retail rates will apply. That means you may pay more for your medicines. Please check your Summary of Benefits or Evidence of Coverage. Or, visit **RightSourceRx.com** for more information.

Out-of Network Pharmacies

We understand you may need to use pharmacies outside your plan network. Generally, we only cover drugs filled out-of-network when a network pharmacy isn't available. Below you'll find some situations when we may cover prescriptions from an out-of-network pharmacy. Before you fill a prescription out-of-network, call **1-800-4-HUMANA** (TTY: 711). A Customer Care representative will help you find out if a network pharmacy is available.

We'll cover your prescription at an out-of-network pharmacy if:

- You can't get a covered drug in a timely manner because there are no network pharmacies providing 24-hour service within a reasonable driving distance.
- You're trying to fill a covered prescription drug that isn't regularly stocked at a network retail or mail-order pharmacy; this includes specialty medicines.
- You need a covered drug related to emergency or urgently-needed medical care.
- You get a covered prescription drug from an institutional-based pharmacy while a patient in an emergency room, provider-based clinic, outpatient surgery clinic, or other outpatient setting.
- You're automatically enrolled in our plan because you're Medicaid eligible and have covered prescription drug expenses that weren't reimbursed by other insurance. This is in effect for up to a seven-month retroactive enrollment period.
- You are evacuated due to a state or federal emergency disaster declaration (FEMA) or other public health emergency declaration and can't readily find an in-network pharmacy.

Before you fill your prescription in any of these situations, call Customer Care to see if there's a network pharmacy in your area where you can fill your prescription.

If you go to an out-of-network pharmacy for the reasons listed above, you'll have to pay the full cost when you fill your prescription. You can ask us to pay back our share of the cost with a paper claim form. To submit a paper claim, follow the process described below.

Frequently Asked Questions

What if I need a prescription due to a medical emergency?

We'll cover prescriptions filled at an out-of-network pharmacy. If this happens, you'll have to pay the full cost when you fill your prescription.

You may ask us to reimburse you for our share of the cost. Simply submit a paper claim form by following the process described below.

What if I need medicine while I'm traveling away from my plan's service area?

If you regularly take a prescription drug and you're planning a trip, check your drug supply before you leave. Try to take along all the medication you'll need for the duration of your trip. You may be able to order your drugs ahead of time through *RightSource Rx*, Humana's preferred prescription home delivery service (mail order). You may also check a network mail-order or retail pharmacy that offers extended supply.

Humana has a national pharmacy network that can fill your prescriptions, even when you're outside your plan's service area. If you travel outside your plan's service area in the United States and need prescription drugs, call **1-800-4-HUMANA** (TTY: 711). We'll help you find a network pharmacy where you can fill your prescription.

If a network pharmacy isn't available, we'll cover prescriptions filled out-of-network if you follow all other rules in this document.

If this happens, you'll have to pay the full cost when you fill your prescription. You can ask us to pay back our share of the cost with a paper claim form. To submit a paper claim, follow the process described below.

Are there limitations to drugs received from an out-of-network pharmacy?

Out-of-network pharmacy coverage is intended for emergency or other extenuating circumstances as described above for a short-term basis only. Therefore, prescriptions filled outside the Humana pharmacy network are limited to a 30-day supply.

Sometimes your doctor may need to submit additional documentation so we can process your payment request. This can happen if you get:

- A drug from an out-of-network pharmacy that isn't on our drug list
- A drug that's subject to coverage requirements or limits

You can call Customer Care at **1-800-4-HUMANA** (TTY: 711), Monday through Friday,

8 a.m. to 6 p.m. to:

- Find out if your drug is on the drug list
- See if the drug is subject to coverage requirements or limits
- Request a copy of our drug list

You can also get updated information about covered drugs on **Humana.com**.

Also, to be considered for payment, we must receive payment requests for out-of-network pharmacy claims in a given plan year by March 31 of the following calendar year.

Repeated out-of-network pharmacy use that isn't consistent with this policy will result in claim denials. In addition, we can't pay for lost or stolen prescriptions or prescriptions filled by pharmacies outside the United States, even in a medical emergency.

How do I submit a paper claim?

When you go to a network pharmacy, the pharmacy automatically submits your claim to us. However, if you go to an out-of-network pharmacy for one of the reasons listed above, the pharmacy may not be able to submit the claim directly to us. When that happens, you'll have to pay the full cost of your prescription. You're required to submit your receipt to us for a payment determination.

We also request that you complete the Prescription Drug Claim Form; however this isn't required. The claim form can be found on Humana.com, in the same area where the Part D drug list is displayed. The claim form can also be obtained by calling customer service.

Please explain the circumstances of your situation on the form when submitting your claim. Send the Prescription Drug Claim Form, or some other form of written request, and receipts to:

Humana Claims Office
P.O. Box 14601
Lexington, KY 40512-4601

Please keep a copy of the receipts for your records.

How do out-of-network pharmacies affect my cost share?

Usually, out-of-network pharmacy claims result in a greater cost to both you and to the plan. Because the out-of-network pharmacy typically charges a higher total cost for the drug than in-network pharmacies, your cost share goes up as well.

Consider these examples:

Benefit example for member cost share of tier 2 drugs of 25% (defined standard plan).

You're responsible for your cost share of the drug as you would be if the pharmacy were in the network.

	Drug purchased in network	Drug purchased out-of-network
Total Drug Cost	\$80	\$100
Cost to Plan	\$60	\$75
Member Cost Share	\$20	\$25

In-Network Savings: \$5

Benefit example for member cost share of tier 2 drugs of \$42.

You're responsible for the difference between the out-of-network rate and the in-network rate as follows:	Drug purchased in network	Drug purchased out-of-network
Total Drug Cost	\$80	\$100
Cost to Plan	\$38	\$38
Member Cost Share	\$42	\$62

In-Network Savings: \$20

***These examples are for illustrative purposes only. They don't represent actual member savings.**

Vaccines

What if I get a covered Part D vaccine in the doctor's office?

If a Part D covered vaccine is appropriately administered or dispensed in a doctor's office, we'll cover our share of the cost. When this happens, you'll have to pay the full cost of the vaccine or its administration at your doctor's office.

You may ask us to pay back our share of the cost with a paper claim form. To submit a paper claim, follow the steps outlined in the chart below.

You'll get back your cost minus the Out-of-Network (OON) penalty, plus your copay. In most cases, when you get the vaccine from your doctor, you won't get back the full amount you paid in the doctor's office. However, if you get the vaccine from a network pharmacy, you may avoid the OON penalty.

Here's a chart to help you understand reimbursement for Part D vaccines and administration costs based on where it's administered to you.

If the Member Obtains the Vaccine at the:	And the Vaccine is Administered at the:	Then the member pays (and/or is reimbursed):
Network Pharmacy	Pharmacy	The normal coinsurance or copayment for the vaccine.
Doctor's office	Doctor's office	<p>The full cost of the vaccine, including administration fee, when the vaccine is received.</p> <p>When the member submits a paper receipt, Humana reimburses the member at the out-of-network rate (whether or not the doctor participates with the member's medical plan), minus the normal coinsurance or copay for the vaccine (including administration).</p> <p>Because the member is responsible for any difference between the doctor(s)' fee and Humana's usual payment, Humana may not pay the member the full cost.</p> <p>Low Income Subsidy (LIS) members will be paid at the in-network rate.</p>
Pharmacy	Doctor's office	<p>Usual coinsurance or copay when the member picks up the vaccine at the pharmacy.</p> <p>At the doctor's office, the member will pay the full amount for the vaccine administration fee.</p> <ul style="list-style-type: none"> • If the member submits a paper receipt, Humana will reimburse the member up to \$20 for the doctor's administration fee. • Humana will reimburse LIS members the total administration fee.

Here's a good way to understand Part D vaccine reimbursement when administered by your doctor:

The amount Humana will pay for a vaccine is based upon the vaccine manufacturer's price, which can change on a weekly basis. That's why Humana only ESTIMATES the vaccine's cost. **Example:** For Zostavax, Humana ESTIMATES we'll pay \$170 for each vaccine.

Here's an example to help you understand how Humana calculates out-of-network reimbursement. This is an example only. The doctor's fee is up to the doctor. You may use Humana's online drug search or look at your plan documents to figure your specific copay.

Medicine (example): Zostavax

Doctor charge: \$300

Member copay: \$80

Humana's allowance: \$170

Member sends Humana a reimbursable paper receipt or claim, also known as a direct member reimbursement (DMR), for the \$300 doctor charge. Humana reimburses the member \$90 (once they get the paper receipt or claim).

Calculation (example)

(Doctor Charge) – (Allowed Amount) = OON Penalty

(OON Penalty) + (Member Copayment) = Member Responsibility

$(\$300) - (\$170) = \$130$

$(\$130) + (\$80) = \$210$

Member Responsibility in this example will be \$210.

Public Notice of Out-of-Network Pharmacy Access Policy

This Out-of-Network Pharmacy Access Policy and the Prescription Drug Claim Form are available on **Humana.com**, in the same area where the Part D formulary drug list is displayed.

A health plan with a Medicare contract, available to anyone enrolled in both Part A and Part B of Medicare. A stand-alone prescription drug plan with a Medicare contract, available to anyone entitled to Part A and/or enrolled in Part B of Medicare. Medicare beneficiaries may enroll in the plan only during specific times of the year. Contact Humana for more information.

You must use network pharmacies, except under non-routine circumstances. Quantity limitations, copayments, and restrictions may apply.

If you are a member of a qualified State Pharmaceutical Assistance Program, please contact the Program to verify that the mail order pharmacy will coordinate with that Program.

You may be able to get extra help to pay for your prescription drug premiums and costs.

To see if you qualify for getting extra help, call:

1-800-MEDICARE (1-800-633-4227). TTY or TDD users should call

1-877-486-2048, 24 hours a day/7days a week; The Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY or TDD users should call, 1-800-325-0778; or Your State Medical Assistance (Medicaid) Office.