



Monthly Premium, Deductible and Limits

Pharmacy (Part D) deductible

This plan does not have a deductible.



Prescription Drug Benefits

Initial coverage (after you pay your deductible, if applicable)

You pay the following until your total yearly drug costs reach **\$4,020**. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

Tier	Standard Retail Pharmacy	Standard Mail Order
30-day supply		
1 (Generic or Preferred Generic)	\$15 copay	\$15 copay
2 (Preferred Brand)	\$30 copay	\$30 copay
3 (Non-Preferred Drug)	\$60 copay	\$60 copay
4 (Specialty Tier)	\$60 copay	\$60 copay
90-day supply		
1 (Generic or Preferred Generic)	\$30 copay	\$30 copay
2 (Preferred Brand)	\$60 copay	\$60 copay
3 (Non-Preferred Drug)	\$120 copay	\$120 copay
4 (Specialty Tier)	N/A	N/A

There may be generic and brand-name drugs, as well as Medicare-covered drugs, in each of the tiers. See the Prescription Drug Guide to identify commonly prescribed prescription drugs in each tier.

ADDITIONAL DRUG COVERAGE

Original Medicare excluded drugs

Certain drugs excluded by Original Medicare are covered under this plan. You pay the cost share associated with the tier level for certain 1 (Cosmetic) , 2 (Cough/Cold) , 3 (Fertility) , 4 (Vitamins/Minerals) , 5 (Weight Loss) , 6 (Erectile Dysfunction) drugs. The amount you pay when you fill a prescription for these drugs does not count towards qualifying you for the Catastrophic Coverage stage. Contact Humana Group Medicare Customer Care at the phone number on the back of your membership card for more details.

Coverage Gap

Most Medicare drug plans have a coverage gap (also called the "donut hole"). The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches **\$4,020**.

You will continue to pay the same amount as when you were in the initial coverage stage.

Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach **\$6,350**, you pay the greater of:

- **\$3.60** for generic (including brand drugs treated as generic) and a **\$8.95** copay for all other drugs, or
- **5%** coinsurance (**\$15** maximum out-of-pocket per prescription for tier 1 drugs, **\$30** maximum out-of-pocket per prescription for tier 2 drugs, **\$60** maximum out-of-pocket per prescription for tier 3 drugs and **\$60** maximum out-of-pocket per prescription for tier 4 drugs for a one-month supply).