

2016

# Prescription Drug Schedule Humana Group Medicare Advantage Plan

Rx 129 - Base Plan  
NC State Health Plan



**Humana®**



# SECTION I – INTRODUCTION TO SUMMARY OF BENEFITS

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call Humana and ask for the "Evidence of Coverage".

## You have choices about how to get your Medicare prescription drug benefits

- One choice is to get prescription drug coverage through a Medicare Prescription Drug Plan, like the **Humana Group Medicare Advantage Rx Plan**.

## Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **Humana Group Medicare Advantage Rx** covers and what you pay.

## Sections in this booklet

- Things to Know About **Humana Group Medicare Advantage Rx**
- Maximum Out-of-Pocket and Limits on How Much You Pay for Covered Services
- Prescription Drug Benefits

This document is available in other formats such as Braille and large print.

This document may be available in a non-English language. For additional information, call Humana Group Medicare Customer Care at 1-800-944-9442.

Es posible que este documento esté disponible en otros idiomas aparte de inglés. Para obtener información adicional, llame al Servicio al Cliente al número de en el reverso de su tarjeta de identificación.

## Things to Know About Humana Group Medicare Advantage Rx

### Which drugs are covered?

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website [www.humana.com/ncshp](http://www.humana.com/ncshp). Or, call Group Medicare Customer Care and we will send you a copy of the formulary.

### How will I determine my drug costs?

Our plan groups each medication into "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Initial Coverage and Catastrophic Coverage.

### Which pharmacies can I use?

We have a network of pharmacies and you must generally use these pharmacies to fill your prescriptions for covered Part D drugs.

- You can see our plan's pharmacy directory at our website [www.humana.com/ncshp](http://www.humana.com/ncshp).
- Or, call Group Medicare Customer Care and we will send you a copy of the pharmacy directory.

# SECTION II – SUMMARY OF BENEFITS

## Prescription Drug Benefits

### INITIAL COVERAGE

You pay the following until you reach a true out-of-pocket (what you pay plus any discounts received) of **\$4,850**.

After your Maximum out-of-pocket drug costs reach **\$2,500**, Humana pays 100% of your total drug costs.

### Standard Retail Cost-Sharing

Tier	31- Day supply	90-Day supply
Tier 1 – Generic or Preferred Generic	<b>\$10</b>	<b>\$24</b>
Tier 2 – Preferred Brand	<b>\$40</b>	<b>\$80</b>
Tier 3 – Non-Preferred Brand	<b>\$64</b>	<b>\$128</b>
Tier 4 – Specialty Tier	<b>25% (\$100 maximum per prescription)</b>	<b>25% (\$300 maximum per prescription)*</b>

### Standard Mail Order Cost-Sharing

Tier	31- Day supply	90-Day supply
Tier 1 – Generic or Preferred Generic	<b>\$10</b>	<b>\$24</b>
Tier 2 – Preferred Brand	<b>\$40</b>	<b>\$80</b>
Tier 3 – Non-Preferred Brand	<b>\$64</b>	<b>\$128</b>
Tier 4 – Specialty Tier	<b>25% (\$100 maximum per prescription)</b>	<b>25% (\$300 maximum per prescription)*</b>

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.

If you reside in a long-term facility, you pay the same as at a retail pharmacy.

You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.

\*Certain Tier 4 drugs are available in 90 day supply. Specialty drugs are limited to a 31-day supply. For more information, you can visit Humana's Website at [humana.com/ncshp](http://humana.com/ncshp) or call Humana Group Medicare Customer Care at 1-800-944-9442.

**SECTION II** (continued)

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**CATASTROPHIC COVERAGE**

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach **\$4,850**, you pay the greater of:

- **\$2.95** for generic (including brand drugs treated as generic) and a **\$7.40** copay for all other drugs, **or**
- **5%** coinsurance (**\$100** maximum out-of-pocket per prescription for a 31-day supply) regardless of tier.

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**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 Cough and Cold medicines, Vitamins, and Weight Loss medicines. The amount you pay when you fill a prescription for these drugs does not count towards qualifying you for the Catastrophic Coverage stage. However, this amount does apply towards the **\$2,500** maximum out-of-pocket.

For more information, you can visit Humana's Website at [humana.com/ncshp](http://humana.com/ncshp) or call Humana Group Medicare Customer Care at 1-800-944-9442.

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Humana is a Medicare Advantage organization and a stand-alone prescription drug plan with a Medicare contract. You must continue to pay your Medicare Part B premiums. Enrollment in this Humana plan depends on contract renewal. This is an advertisement. The benefit information provided is a brief summary, not a comprehensive description of benefits. For more information contact the plan. Limitations, copayments and restrictions may apply. Benefits and/or copayments/coinsurance may change each year.

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<http://www.humana.com/ncshp>