

How the Rx structure works

When you present your membership card at a participating pharmacy, you will be required to make a copayment for your prescriptions based on the type of medication you purchase:

- **Level One:** Lowest copayment for drugs.
- **Level Two:** Higher copayment for brand-name drugs.*

* If you request a brand-name drug when a generic equivalent is available, you pay the applicable generic copayment, plus the cost difference between the brand-name and generic drugs. If your doctor indicates that a generic drug cannot be substituted by writing "Dispense as Written" on your prescription, you can only receive that specific drug, even if a generic equivalent is available. As a result, you will be charged the applicable brand-name copayment. In this case, you will not be responsible for the cost difference between the brand and generic. If you discover at the pharmacy that your doctor gave you a "Dispense as Written" prescription, you can ask the pharmacist to contact your doctor for approval of a generic equivalent.

Prescription drug products, or classes of certain prescription drug products, are generally reviewed on an ongoing basis by a Humana Pharmacy and Therapeutics committee, which is composed of physicians and pharmacists. Drugs are reviewed for safety, effectiveness and cost-effectiveness prior to assignment or a change in assignment to one of the levels. Coverage of a prescription drug or placement of the drug within a level are subject to change throughout the year. If drugs are moved to categories with higher member cost, advance notice is provided based on past usage. Always discuss prescription drugs with your doctor to determine appropriateness or clinical effectiveness.

Some drugs in all levels may be subject to dispensing limitations, based on age, gender, duration or quantity. Additionally, some drugs may need prior authorization in order to be covered. In these cases, your physician should contact Humana Clinical Pharmacy Review at 1-800-555-CLIN (2546).

Members can visit Humana's Website, **Humana.com**, to obtain information about their prescription drug and corresponding benefits and for possible lower cost alternatives, or they can call Humana's Customer Service with questions or to request a partial Humana Rx3 Drug List by mail.

Coverage at participating pharmacies

When you present your membership card at a participating pharmacy, you are required to make a copayment for each prescription based on the current assigned level of the drug.

Drugs assigned to:	Copayment per prescription or refill
Level One	\$10
Level Two	\$22

- Your copayments for covered prescription drugs are made on a per prescription or refill basis and will not change if Humana receives any retrospective volume discounts or prescription drug rebates.

There are no claim forms to file if you use a participating pharmacy and present your membership card with each prescription.

Coverage specifics

Your coverage includes the following:

- A 30-day supply or the amount prescribed, whichever is less, for each prescription or refill
- Contraceptives
- For Arizona, coverage also includes FDA approved contraceptive devices
- Certain self-administered injectable drugs approved by Humana will be paid at the applicable copayment
- Certain drugs, medicines or medications that under federal or state law may be dispensed only by prescription from a physician.

Some drugs may be subject to prior authorization requirements for coverage under the plan. Additionally, some drugs may have dispensing limitations, which limit coverage based on duration, age, gender or dosage criteria. To determine whether a drug prescribed for you may be affected by these coverage limitations, please contact Customer Service or visit our Website.

For a complete listing of participating pharmacies, please refer to your participating provider directory, or visit our Website at **Humana.com**.

Mail-order and 90-day Retail

For your convenience, you can receive a maximum 90-day supply per prescription or refill (maximum 30-day supply for self-administered injectable and specialty drugs) for certain maintenance drugs. In these cases, multiple copayments will usually apply. The same requirements apply whether purchasing medications through a participating mail-order pharmacy or purchasing in person at a retail pharmacy. Some retail pharmacies may not dispense on a 90-day basis. Members can call Customer Service or visit our Website for more information, including mail-order forms.

Definition of terms

- Brand-name medication (drug): a medication that is manufactured and distributed by only one pharmaceutical manufacturer or as defined by the national pricing standard used by Humana.
- Copayment: the amount to be paid by the member toward the cost of each separate prescription or refill of a covered drug when dispensed by a pharmacy.
- Generic medication (drug): a medication that is manufactured, distributed, and available from several pharmaceutical manufacturers and identified by the chemical name or as defined by the national pricing standard used by Humana.
- Participating pharmacy: a pharmacy that has signed a direct agreement with us or has been designated by us to provide covered pharmacy services, covered specialty pharmacy services; or covered mail order pharmacy services, as defined by us, to covered persons, including covered prescriptions or refills delivered through the mail.
- Nonparticipating pharmacy: a pharmacy that has not been designated by us to provide services to covered persons.

Limitations and exclusions

Unless specifically stated otherwise, no benefits will be provided for or on account of the following items:

- Any drug prescribed for a sickness or bodily injury not covered under the master group contract.
- Any drug, medicine or medication labeled “Caution-limited by federal law to investigational use” or any experimental or investigational drug, medicine or medication, even though a charge is made to you. {WI – This does not apply to those investigational drugs which are approved by the FDA for treatment of HIV infection or a medical condition arising from or related to, and that has completed a Phase III clinical investigation.}
- Anorectic or any drug used for the purpose of weight control.
- Any drug used for cosmetic purposes, including but not limited to
 - Dermatologicals or hair growth stimulants; or
 - Pigmenting or de-pigmenting agents, e.g. Solaquin.
- Any drug or medicine that is:
 - Lawfully obtainable without a prescription (over the counter drugs), except insulin {LA – insulin covered under diabetes benefit}; or
 - Available in prescription strength without a prescription.
- Abortifacients (drugs used to induce abortions).
- Infertility services including medications.
- Any drug for which prior authorization is required, as determined by us, and not obtained.
- Any portion of a prescription or refill that exceeds a 90-day supply, received from a mail order pharmacy or a retail pharmacy that participates in our program which allows you to receive a 90-day supply of a prescription or refill.
- Any portion of a prescription or refill that exceeds a 30-day supply, received from a retail pharmacy that does not participate in our program which allows you to receive a 90-day supply of a prescription or refill.
- Any portion of a specialty drug or self-administered injectable drug received from a retail pharmacy or a specialty pharmacy that exceeds a 30-day supply, unless otherwise determined by us.
- Legend drugs which are not deemed medically necessary by us.
- Prescriptions filled at a non-network pharmacy except for prescriptions required during an emergency.
- More than one prescription or refill for the same drug or therapeutic equivalent medication prescribed by one or more health care practitioners and dispensed by one or more pharmacies until you have used, or should have used, at least 75% of the previous prescription or refill, unless the drug or therapeutic equivalent medication is purchased through a mail order pharmacy, or a retail pharmacy that participates in our program which allows you to receive a 90-day supply of a prescription or refill, in which case you have used, or should have used 66% of the previous prescription. (Based on the dosage schedule prescribed by the health care practitioner.)

These limitations and exclusions apply even if a health care practitioner has performed or prescribed a medically appropriate procedure, service, treatment, supply or prescription. This does not prevent your health care practitioner or pharmacist from providing or performing the procedure, service, treatment, supply or prescription; however, the procedure, service, treatment, supply or prescription will not be a covered expense.

This is only a partial list of limitations and exclusions. Please refer to the Benefit Plan Document for complete details regarding prescription drug coverage.

HUMANA®

Guidance when you need it most

Humana Plans are offered by the Family of Insurance and Health Plan Companies including Humana Medical Plan, Inc., Humana Employers Health Plan of Georgia, Inc., Humana Health Plan, Inc., Humana Health Benefit Plan of Louisiana, Inc., Humana Health Plans of Michigan, Inc., Humana Health Plan of Ohio, Inc., Humana Health Plans of Puerto Rico, Inc. License # 00235-0008, Humana Wisconsin Health Organization Insurance Corporation, or Humana Health Plan of Texas, Inc. – A Health Maintenance Organization or insured by Humana Health Insurance Company of Florida, Inc., Humana Health Plan, Inc., Humana Health Benefit Plan of Louisiana, Inc., Humana Insurance Company, Humana Insurance Company of Kentucky, Emphesys Insurance Company, or Humana Insurance of Puerto Rico, Inc. License # 00187-0009

For Arizona Residents: Offered by Humana Health Plan, Inc. or insured by Humana Insurance Company, Emphesys Insurance Company

Please refer to your Benefit Plan Document (Certificate of Coverage/Insurance) for more information on the company providing your benefits.

Our health benefit plans have limitations and exclusions

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