
2011 Summary of Benefits

Humana Prescription Drug Plan

Humana Walmart-Preferred Rx Plan (PDP) S5884-136

Humana Enhanced (PDP) S5884-071

Humana Complete (PDP) S5884-041

Michigan

HUMANA
Guidance when you need it most

Section I - Introduction to Summary of Benefits

Thank you for your interest in Humana Prescription Drug Plan. Our plan is offered by HUMANA INSURANCE COMPANY, a Medicare Prescription Drug Plan that contracts with the Federal government. This Summary of Benefits tells you some features of our plan. It doesn't list every drug we cover, every limitation, or exclusion. To get a complete list of our benefits, please call Humana Prescription Drug Plan and ask for the "Evidence of Coverage".

You Have Choices In Your Medicare Prescription Drug Coverage

As a Medicare beneficiary, you can choose from different Medicare prescription drug coverage options. One option is to get prescription drug coverage through a Medicare Prescription Drug Plan, like Humana Prescription Drug Plan. Another option is to get your prescription drug coverage through a Medicare Advantage Plan that offers prescription drug coverage. You make the choice.

How Can I Compare My Options?

The charts in this booklet list some important drug benefits. You can use this Summary of Benefits to compare the benefits offered by Humana Prescription Drug Plan to the benefits offered by other Medicare Prescription Drug Plans or Medicare Advantage Plans with prescription drug coverage.

Where Is Humana Prescription Drug Plan Available?

The service area for this plan includes: Michigan. You must live in this area to join this plan. There is more than one plan listed in this Summary of Benefits. If you are enrolled in one plan and wish to switch to another plan, you may do so only during certain times of the year. Please call Customer Service for more information.

Who Is Eligible To Join?

You can join this plan if you are entitled to Medicare Part A and/or enrolled in Medicare Part B and live in the service area.

If you are enrolled in an MA coordinated care (HMO or PPO) plan or an MA PFFS plan that includes Medicare prescription drugs, you may not enroll in a PDP unless you disenroll from the HMO, PPO or MA PFFS plan.

Enrollees in a private fee-for-service plan (PFFS) that does not provide Medicare prescription drug coverage, or an MA Medical Savings Account (MSA) plan may enroll in a PDP. Enrollees in an 1876 Cost plan may enroll in a PDP.

Where Can I Get My Prescriptions?

Humana Prescription Drug Plan has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We will not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases.

Humana Prescription Drug Plan has a list of preferred pharmacies. At these pharmacies, you may get your drugs at a lower copayment or coinsurance. A non-preferred pharmacy is still a network pharmacy, but you may have to pay more for your prescription drugs.

The pharmacies in our network can change at any time. You can ask for a Pharmacy Directory or visit us at http://www.humana.com/Medicare/medicare_prescription_drugs. Our customer service number is listed at the end of this introduction.

Does My Plan Cover Medicare Part B Or Part D Drugs?

Humana Prescription Drug Plan does not cover drugs that are covered under Medicare Part B as prescribed and dispensed. Generally, we only cover drugs, vaccines, biological products and medical supplies that are covered under the Medicare Prescription Drug Benefit (Part D) and that are on our formulary.

Section I (continued)

What Is A Prescription Drug Formulary?

Humana Prescription Drug Plan uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at http://www.humana.com/members/tools/prescription_tools/medicare_drug_list.asp.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

What Should I Do If I Have Other Insurance In Addition To Medicare?

If you have a Medigap (Medicare Supplement) policy that includes prescription drug coverage, you must contact your Medigap Issuer to let them know that you have joined a Medicare Prescription Drug Plan. If you decide to keep your current Medigap supplement policy, your Medigap Issuer will remove the prescription drug coverage portion of your policy. Call your Medigap Issuer for details.

If you or your spouse has, or is able to get, employer group coverage, you should talk to your employer to find out how your benefits will be affected if you join Humana Prescription Drug Plan. Get this information before you decide to enroll in this plan.

How Can I Get Extra Help With My Prescription Drug Plan Costs Or Get Extra Help With Other Medicare Costs?

You may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare costs. To see if you qualify for getting extra help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week and see www.medicare.gov 'Programs for People with Limited Income and Resources' in the publication Medicare & You.
- The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778 or
- Your State Medicaid Office.

What Are My Protections In This Plan?

All Medicare Prescription Drug Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Prescription Drug Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of Humana Prescription Drug Plan, you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

Section I (continued)

What Is A Medication Therapy Management (MTM) Program?

A Medication Therapy Management (MTM) Program is a free service we offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact Humana Prescription Drug Plan for more details.

Where Can I Find Information On Plan Ratings?

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on www.medicare.gov and select "Compare Medicare Prescription Drug Plans" or "Compare Health Plans and Medigap Policies in Your Area" to compare the plan ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for this plan. Our customer service number is listed below.

Please call Humana Insurance Company for more information about Humana Prescription Drug Plan.

Visit us at **www.humana-medicare.com** or, call us:

Customer Service Hours: Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8 a.m. - 8 p.m. Eastern

Current members should call toll-free **(800)-281-6918**.
(TTY/TDD 711)

Prospective members should call toll-free **(800)-706-0872**.
(TTY/TDD 711)

Current members should call locally **(800)-281-6918**.
(TTY/TDD 711)

Prospective members should call locally **(800)-706-0872**.
(TTY/TDD 711)

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week. Or, visit www.medicare.gov on the web.

This document may be available in a different format or language. For additional information, call Customer Service at the phone number listed above.

Este documento esta disponible en formatos o lenguajes alternativos. Para mas información, llame al Servicio al Cliente al número de telefono indicado anteriormente.

If you have special needs, this document may be available in other formats.

If you have any questions about this plan's benefits or costs, please contact Humana Insurance Company for details.

Section II - Summary of Benefits

BENEFIT	ORIGINAL MEDICARE	HUMANA		
		WALMART-PREFERRED Rx PLAN (PDP)	HUMANA ENHANCED (PDP)	HUMANA COMPLETE (PDP)
Prescription Drugs	Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.	<p>Drugs covered under Medicare Part D</p> <p>General</p> <ul style="list-style-type: none"> This plan uses a formulary. The plan will send you the formulary. You can also choose to see the formulary at http://www.humana.com/members/tools/prescription_tools/medicare_drug_list.asp on the web. Different out-of-pocket costs may apply for people who <ul style="list-style-type: none"> have limited incomes, live in long term care facilities, or have access to Indian/Tribal/Urban (Indian Health Service). 		
		• \$14.80 monthly premium.	• \$45.50 monthly premium.	• \$111.80 monthly premium.
		<ul style="list-style-type: none"> Most people will pay their Part D premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel). Total yearly drug costs are the total drug costs paid by both you and the plan. The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition. Some drugs have quantity limits. Your provider must get prior authorization from Humana Prescription Drug Plan for certain drugs. You must go to certain pharmacies for a very limited number of drugs, due to the special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov. 		
		• If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.	• If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.	• If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.

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Section II - Summary of Benefits

BENEFIT	ORIGINAL MEDICARE	HUMANA WALMART-PREFERRED Rx PLAN (PDP)	HUMANA ENHANCED (PDP)	HUMANA COMPLETE (PDP)
		<ul style="list-style-type: none"> If you request a formulary exception for a drug and Humana Prescription Drug Plan approves the exception, you will pay Tier 4: Non-Preferred Brand Drugs cost sharing for that drug. 	<ul style="list-style-type: none"> If you request a formulary exception for a drug and Humana Prescription Drug Plan approves the exception, you will pay Tier 3: Non-Preferred Brand Drugs cost sharing for that drug. 	<ul style="list-style-type: none"> If you request a formulary exception for a drug and Humana Prescription Drug Plan approves the exception, you will pay Tier 3: Non-Preferred Brand Drugs cost sharing for that drug.
		<p><u>IN-NETWORK</u></p> <ul style="list-style-type: none"> \$310 yearly deductible 	<p><u>IN-NETWORK</u></p> <ul style="list-style-type: none"> \$50 deductible on all drugs except Tier 1: Preferred Generic Drugs. 	<p><u>IN-NETWORK</u></p> <ul style="list-style-type: none"> \$0 deductible
		<p><u>Initial Coverage</u></p> <ul style="list-style-type: none"> After you pay your yearly deductible, you pay the following until total yearly drug costs reach \$2,840: 	<p><u>Initial Coverage</u></p> <ul style="list-style-type: none"> After you pay your yearly deductible, you pay the following until total yearly drug costs reach \$2,840: 	<p><u>Initial Coverage</u></p> <ul style="list-style-type: none"> You pay the following until total yearly drug costs reach \$2,840:

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Section II - Summary of Benefits

BENEFIT	ORIGINAL MEDICARE	HUMANA WALMART-PREFERRED Rx PLAN (PDP)	HUMANA ENHANCED (PDP)	HUMANA COMPLETE (PDP)
		<p><u>Retail Pharmacy</u></p> <ul style="list-style-type: none"> • <u>Tier 1: Preferred Generic Drugs</u> <ul style="list-style-type: none"> – \$2 copay for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy – \$6 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy – \$10 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy – \$30 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy 	<p><u>Retail Pharmacy</u></p> <ul style="list-style-type: none"> • <u>Tier 1: Preferred Generic Drugs</u> <ul style="list-style-type: none"> – \$7 copay for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy – \$21 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy – \$12 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy – \$36 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy 	<p><u>Retail Pharmacy</u></p> <ul style="list-style-type: none"> • <u>Tier 1: Preferred Generic Drugs</u> <ul style="list-style-type: none"> – \$6 copay for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy – \$18 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy – \$11 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy – \$33 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy

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Section II - Summary of Benefits

BENEFIT	ORIGINAL MEDICARE	HUMANA WALMART-PREFERRED Rx PLAN (PDP)	HUMANA ENHANCED (PDP)	HUMANA COMPLETE (PDP)
		<ul style="list-style-type: none"> • <u>Tier 2: Generic Drugs</u> <ul style="list-style-type: none"> – \$5 copay for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy – \$15 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy – \$10 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy – \$30 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy 	<ul style="list-style-type: none"> • <u>Tier 2: Non-Preferred Generic and Preferred Brand Drugs</u> <ul style="list-style-type: none"> – \$39 copay for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy – \$117 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy – \$44 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy – \$132 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy 	<ul style="list-style-type: none"> • <u>Tier 2: Non-Preferred Generic and Preferred Brand Drugs</u> <ul style="list-style-type: none"> – \$39 copay for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy – \$117 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy – \$44 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy – \$132 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy

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BENEFIT	ORIGINAL MEDICARE	HUMANA WALMART-PREFERRED Rx PLAN (PDP)	HUMANA ENHANCED (PDP)	HUMANA COMPLETE (PDP)
		<ul style="list-style-type: none"> • <u>Tier 3: Non-Preferred Generic and Preferred Brand Drugs</u> <ul style="list-style-type: none"> – 20% coinsurance for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy – 20% coinsurance for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy – 37% coinsurance for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy – 37% coinsurance for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy – Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information. 	<ul style="list-style-type: none"> • <u>Tier 3: Non-Preferred Brand Drugs</u> <ul style="list-style-type: none"> – \$73 copay for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy – \$219 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy – \$78 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy – \$234 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy – Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information 	<ul style="list-style-type: none"> • <u>Tier 3: Non-Preferred Brand Drugs</u> <ul style="list-style-type: none"> – \$70 copay for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy – \$210 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy – \$75 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy – \$225 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy – Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.

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		<ul style="list-style-type: none"> • <u>Tier 4: Non-Preferred Brand Drugs</u> <ul style="list-style-type: none"> – 35% coinsurance for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy – 35% coinsurance for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy – 50% coinsurance for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy – 50% coinsurance for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy – Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information. 	<ul style="list-style-type: none"> • <u>Tier 4: Specialty Tier Drugs</u> <ul style="list-style-type: none"> – 31% coinsurance for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy – 31% coinsurance for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy 	<ul style="list-style-type: none"> • <u>Tier 4: Specialty Tier Drugs</u> <ul style="list-style-type: none"> – 33% coinsurance for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy – 33% coinsurance for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy
		<p><u>Long Term Care Pharmacy</u></p> <ul style="list-style-type: none"> • <u>Tier 1: Preferred Generic Drugs</u> <ul style="list-style-type: none"> – \$10 copay for a one-month (34-day) supply of drugs in this tier 	<p><u>Long Term Care Pharmacy</u></p> <ul style="list-style-type: none"> • <u>Tier 1: Preferred Generic Drugs</u> <ul style="list-style-type: none"> – \$7 copay for a one-month (34- day) supply of drugs in this tier 	<p><u>Long Term Care Pharmacy</u></p> <ul style="list-style-type: none"> • <u>Tier 1: Preferred Generic Drugs</u> <ul style="list-style-type: none"> – \$6 copay for a one-month (34- day) supply of drugs in this tier

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Section II - Summary of Benefits

BENEFIT	ORIGINAL MEDICARE	HUMANA WALMART-PREFERRED Rx PLAN (PDP)	HUMANA ENHANCED (PDP)	HUMANA COMPLETE (PDP)
		<ul style="list-style-type: none"> • <u>Tier 2: Generic Drugs</u> – \$10 copay for a one-month (34-day) supply of drugs in this tier • <u>Tier 3: Non-Preferred Generic and Preferred Brand Drugs</u> – 37% coinsurance for a one-month (34-day) supply of drugs in this tier • <u>Tier 4: Non-Preferred Brand Drugs</u> – 50% coinsurance for a one-month (34-day) supply of drugs in this tier 	<ul style="list-style-type: none"> • <u>Tier 2: Non-Preferred Generic and Preferred Brand Drugs</u> – \$39 copay for a one-month (34-day) supply of drugs in this tier • <u>Tier 3: Non-Preferred Brand Drugs</u> – \$73 copay for a one-month (34-day) supply of drugs in this tier • <u>Tier 4: Specialty Tier Drugs</u> – 31% coinsurance for a one-month (34-day) supply of drugs in this tier 	<ul style="list-style-type: none"> • <u>Tier 2: Non-Preferred Generic and Preferred Brand Drugs</u> – \$39 copay for a one-month (34-day) supply of drugs in this tier • <u>Tier 3: Non-Preferred Brand Drugs</u> – \$70 copay for a one-month (34-day) supply of drugs in this tier • <u>Tier 4: Specialty Tier Drugs</u> – 33% coinsurance for a one-month (34-day) supply of drugs in this tier

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		<p><u>Mail Order</u></p> <ul style="list-style-type: none"> • <u>Tier 1: Preferred Generic Drugs</u> <ul style="list-style-type: none"> – \$0 copay for a one-month (30-day) supply of drugs in this tier from a preferred mail order pharmacy – \$0 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy – \$10 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy – \$30 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy 	<p><u>Mail Order</u></p> <ul style="list-style-type: none"> • <u>Tier 1: Preferred Generic Drugs</u> <ul style="list-style-type: none"> – \$0 copay for a one-month (30-day) supply of drugs in this tier from a preferred mail order pharmacy – \$0 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy – \$7 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy – \$21 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy 	<p><u>Mail Order</u></p> <ul style="list-style-type: none"> • <u>Tier 1: Preferred Generic Drugs</u> <ul style="list-style-type: none"> – \$0 copay for a one-month (30-day) supply of drugs in this tier from a preferred mail order pharmacy – \$0 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy – \$6 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy – \$18 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy

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		<ul style="list-style-type: none"> • <u>Tier 2: Generic Drugs</u> <ul style="list-style-type: none"> – \$0 copay for a one-month (30-day) supply of drugs in this tier from a preferred mail order pharmacy – \$0 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy – \$10 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy – \$30 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy. 	<ul style="list-style-type: none"> • <u>Tier 2: Non-Preferred Generic and Preferred Brand Drugs</u> <ul style="list-style-type: none"> – \$39 copay for a one-month (30-day) supply of drugs in this tier from a preferred mail order pharmacy – \$107 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy – \$39 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy – \$117 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy 	<ul style="list-style-type: none"> • <u>Tier 2: Non-Preferred Generic and Preferred Brand Drugs</u> <ul style="list-style-type: none"> – \$39 copay for a one-month (30-day) supply of drugs in this tier from a preferred mail order pharmacy – \$107 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy – \$39 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy – \$117 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy

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Section II - Summary of Benefits

BENEFIT	ORIGINAL MEDICARE	HUMANA WALMART-PREFERRED Rx PLAN (PDP)	HUMANA ENHANCED (PDP)	HUMANA COMPLETE (PDP)
		<ul style="list-style-type: none"> • <u>Tier 3: Non-Preferred Generic and Preferred Brand Drugs</u> <ul style="list-style-type: none"> – 20% coinsurance for a one-month (30-day) supply of drugs in this tier from a preferred mail order pharmacy – 20% coinsurance for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy – 37% coinsurance for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy – 37% coinsurance for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy – Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information. 	<ul style="list-style-type: none"> • <u>Tier 3: Non-Preferred Brand Drugs</u> <ul style="list-style-type: none"> – \$73 copay for a one-month (30-day) supply of drugs in this tier from a preferred mail order pharmacy – \$209 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy – \$73 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy – \$219 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy – Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information. 	<ul style="list-style-type: none"> • <u>Tier 3: Non-Preferred Brand Drugs</u> <ul style="list-style-type: none"> – \$70 copay for a one-month (30-day) supply of drugs in this tier from a preferred mail order pharmacy – \$200 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy – \$70 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy – \$210 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy – Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.

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If you have any questions about this plan's benefits or costs, please contact Humana Insurance Company for details.

Section II - Summary of Benefits

BENEFIT	ORIGINAL MEDICARE	HUMANA WALMART-PREFERRED Rx PLAN (PDP)	HUMANA ENHANCED (PDP)	HUMANA COMPLETE (PDP)
		<ul style="list-style-type: none"> • <u>Tier 4: Non-Preferred Brand Drugs</u> <ul style="list-style-type: none"> – 35% coinsurance for a one-month (30-day) supply of drugs in this tier from a preferred mail order pharmacy – 35% coinsurance for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy – 50% coinsurance for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy – 50% coinsurance for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy – Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information. 	<ul style="list-style-type: none"> • <u>Tier 4: Specialty Tier Drugs</u> <ul style="list-style-type: none"> – 31% coinsurance for a one-month (30-day) supply of drugs in this tier from a preferred mail order pharmacy – 31% coinsurance for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy 	<ul style="list-style-type: none"> • <u>Tier 4: Specialty Tier Drugs</u> <ul style="list-style-type: none"> – 33% coinsurance for a one-month (30-day) supply of drugs in this tier from a preferred mail order pharmacy – 33% coinsurance for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy

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If you have any questions about this plan's benefits or costs, please contact Humana Insurance Company for details.

Section II - Summary of Benefits

BENEFIT	ORIGINAL MEDICARE	HUMANA WALMART-PREFERRED Rx PLAN (PDP)	HUMANA ENHANCED (PDP)	HUMANA COMPLETE (PDP)
		<ul style="list-style-type: none"> • Coverage Gap <ul style="list-style-type: none"> – After your total yearly drug costs reach \$2,840, you receive a discount on brand name drugs and pay 93% of the plan's costs for all generic drugs, until your yearly out-of-pocket drug costs reach \$4,550. 	<ul style="list-style-type: none"> • Additional Coverage Gap <ul style="list-style-type: none"> – You pay the following: 	<ul style="list-style-type: none"> • Additional Coverage Gap <ul style="list-style-type: none"> – You pay the following:
			<p>Retail Pharmacy</p> <ul style="list-style-type: none"> • Tier 1: Preferred Generic Drugs <ul style="list-style-type: none"> – \$14 copay for a one-month (30-day) supply of select drugs covered in this tier from a preferred pharmacy – \$42 copay for a three-month (90-day) supply of select drugs covered in this tier from a preferred pharmacy – \$19 copay for a one-month (30-day) supply of select drugs covered in this tier from a non-preferred pharmacy – \$57 copay for a three-month (90-day) supply of select drugs covered in this tier from a non-preferred pharmacy 	<p>Retail Pharmacy</p> <ul style="list-style-type: none"> • Tier 1: Preferred Generic Drugs <ul style="list-style-type: none"> – \$6 copay for a one-month (30-day) supply of all drugs covered in this tier from a preferred pharmacy – \$18 copay for a three-month (90-day) supply of all drugs covered in this tier from a preferred pharmacy – \$11 copay for a one-month (30-day) supply of all drugs covered in this tier from a non-preferred pharmacy – \$33 copay for a three-month (90-day) supply of all drugs covered in this tier from a non-preferred pharmacy

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If you have any questions about this plan's benefits or costs, please contact Humana Insurance Company for details.

Section II - Summary of Benefits

BENEFIT	ORIGINAL MEDICARE	HUMANA WALMART-PREFERRED Rx PLAN (PDP)	HUMANA ENHANCED (PDP)	HUMANA COMPLETE (PDP)
			<p><u>Long Term Care Pharmacy</u></p> <ul style="list-style-type: none"> • <u>Tier 1: Preferred Generic Drugs</u> <ul style="list-style-type: none"> – \$14 copay for a one-month (34-day) supply of select drugs covered in this tier <p><u>Mail Order</u></p> <ul style="list-style-type: none"> • <u>Tier 1: Preferred Generic Drugs</u> <ul style="list-style-type: none"> – \$7 copay for a one-month (30-day) supply of select drugs covered in this tier from a preferred mail order pharmacy. – \$21 copay for a three-month (90-day) supply of select drugs covered in this tier from a preferred mail order pharmacy. 	<ul style="list-style-type: none"> • <u>Tier 2: Non-Preferred Generic and Preferred Brand Drugs</u> <ul style="list-style-type: none"> – \$39 copay for a one-month (30-day) supply of select drugs covered in this tier from a preferred pharmacy – \$117 copay for a three-month (90-day) supply of select drugs covered in this tier from a preferred pharmacy – \$44 copay for a one-month (30-day) supply of select drugs covered in this tier from a non-preferred pharmacy – \$132 copay for a three-month (90-day) supply of select drugs covered in this tier from a non-preferred pharmacy

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If you have any questions about this plan's benefits or costs, please contact Humana Insurance Company for details.

Section II - Summary of Benefits

BENEFIT	ORIGINAL MEDICARE	HUMANA WALMART-PREFERRED Rx PLAN (PDP)	HUMANA ENHANCED (PDP)	HUMANA COMPLETE (PDP)
			<ul style="list-style-type: none"> – \$14 copay for a one-month (30-day) supply of select drugs covered in this tier from a non-preferred mail order pharmacy. – \$42 copay for a three-month (90-day) supply of select drugs covered in this tier from a non-preferred mail order pharmacy. – Please contact the plan for a complete list of drugs covered through the gap. – After your total yearly drug costs reach \$2,840, you receive limited coverage by the plan on certain drugs. You will also receive a discount on brand name drugs and generally pay no more than 93% of the plan's costs for all generic drugs, until your yearly out-of-pocket drug costs reach \$4,550. 	<ul style="list-style-type: none"> • <u>Tier 3: Non-Preferred Brand Drugs</u> <ul style="list-style-type: none"> – \$70 copay for a one-month (30-day) supply of select drugs covered in this tier from a preferred pharmacy – \$210 copay for a three-month (90-day) supply of select drugs covered in this tier from a preferred pharmacy – \$75 copay for a one-month (30-day) supply of select drugs covered in this tier from a non-preferred pharmacy – \$225 copay for a three-month (90-day) supply of select drugs covered in this tier from a non-preferred pharmacy – Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information

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If you have any questions about this plan's benefits or costs, please contact Humana Insurance Company for details.

Section II - Summary of Benefits

BENEFIT	ORIGINAL MEDICARE	HUMANA WALMART-PREFERRED Rx PLAN (PDP)	HUMANA ENHANCED (PDP)	HUMANA COMPLETE (PDP)
				<p><u>Long Term Care Pharmacy</u></p> <ul style="list-style-type: none"> • <u>Tier 1: Preferred Generic Drugs</u> – \$6 copay for a one-month (34-day) supply of all drugs covered in this tier • <u>Tier 2: Non-Preferred Generic and Preferred Brand Drugs</u> – \$39 copay for a one-month (34-day) supply of select drugs covered in this tier • <u>Tier 3: Non-Preferred Brand Drugs</u> – \$70 copay for a one-month (34-day) supply of select drugs covered in this tier

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If you have any questions about this plan's benefits or costs, please contact Humana Insurance Company for details.

Section II - Summary of Benefits

BENEFIT	ORIGINAL MEDICARE	HUMANA WALMART-PREFERRED Rx PLAN (PDP)	HUMANA ENHANCED (PDP)	HUMANA COMPLETE (PDP)
				<p>Mail Order</p> <ul style="list-style-type: none"> • <u>Tier 1: Preferred Generic Drugs</u> <ul style="list-style-type: none"> – \$0 copay for a one-month (30-day) supply of all drugs covered in this tier from a preferred mail order pharmacy – \$0 copay for a three-month (90-day) supply of all drugs covered in this tier from a preferred mail order pharmacy – \$6 copay for a one-month (30-day) supply of all drugs covered in this tier from a non-preferred mail order pharmacy – \$18 copay for a three-month (90-day) supply of all drugs covered in this tier from a non-preferred mail order pharmacy

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If you have any questions about this plan's benefits or costs, please contact Humana Insurance Company for details.

Section II - Summary of Benefits

BENEFIT	ORIGINAL MEDICARE	HUMANA WALMART-PREFERRED Rx PLAN (PDP)	HUMANA ENHANCED (PDP)	HUMANA COMPLETE (PDP)
				<ul style="list-style-type: none"> • <u>Tier 2: Non-Preferred Generic and Preferred Brand Drugs</u> <ul style="list-style-type: none"> – \$39 copay for a one-month (30-day) supply of select drugs covered in this tier from a preferred mail order pharmacy – \$107 copay for a three-month (90-day) supply of select drugs covered in this tier from a preferred mail order pharmacy – \$39 copay for a one-month (30-day) supply of select drugs covered in this tier from a non-preferred mail order pharmacy – \$117 copay for a three-month (90-day) supply of select drugs covered in this tier from a non-preferred mail order pharmacy

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If you have any questions about this plan's benefits or costs, please contact Humana Insurance Company for details.

Section II - Summary of Benefits

BENEFIT	ORIGINAL MEDICARE	HUMANA WALMART-PREFERRED Rx PLAN (PDP)	HUMANA ENHANCED (PDP)	HUMANA COMPLETE (PDP)
				<ul style="list-style-type: none"> • <u>Tier 3: Non-Preferred Brand Drugs</u> <ul style="list-style-type: none"> – \$70 copay for a one-month (30-day) supply of select drugs covered in this tier from a preferred mail order pharmacy – \$200 copay for a three-month (90-day) supply of select drugs covered in this tier from a preferred mail order pharmacy – \$70 copay for a one-month (30-day) supply of select drugs covered in this tier from a non-preferred mail order pharmacy – \$210 copay for a three-month (90-day) supply of select drugs covered in this tier from a non-preferred mail order pharmacy – Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.

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If you have any questions about this plan's benefits or costs, please contact Humana Insurance Company for details.

Section II - Summary of Benefits

BENEFIT	ORIGINAL MEDICARE	HUMANA WALMART-PREFERRED Rx PLAN (PDP)	HUMANA ENHANCED (PDP)	HUMANA COMPLETE (PDP)
				<ul style="list-style-type: none"> • Please contact the plan for a complete list of drugs covered through the gap. • After your total yearly drug costs reach \$2,840, you receive limited coverage by the plan on certain drugs. You will also receive a discount on brand name drugs and generally pay no more than 93% of the plan's costs for all generic drugs, until your yearly out-of-pocket drug costs reach \$4,550.
		<p><u>Catastrophic Coverage</u></p> <ul style="list-style-type: none"> • After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of: <ul style="list-style-type: none"> – A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or – 5% coinsurance. 	<p><u>Catastrophic Coverage</u></p> <ul style="list-style-type: none"> • After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of: <ul style="list-style-type: none"> – A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or – 5% coinsurance. 	<p><u>Catastrophic Coverage</u></p> <ul style="list-style-type: none"> • After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of: <ul style="list-style-type: none"> – A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or – 5% coinsurance.

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If you have any questions about this plan's benefits or costs, please contact Humana Insurance Company for details.

Section II - Summary of Benefits

BENEFIT	ORIGINAL MEDICARE	HUMANA WALMART-PREFERRED Rx PLAN (PDP)	HUMANA ENHANCED (PDP)	HUMANA COMPLETE (PDP)
		<p><u>OUT-OF-NETWORK</u></p> <ul style="list-style-type: none"> Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Humana Prescription Drug Plan. 	<p><u>OUT-OF-NETWORK</u></p> <ul style="list-style-type: none"> Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Humana Prescription Drug Plan. 	<p><u>OUT-OF-NETWORK</u></p> <ul style="list-style-type: none"> Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Humana Prescription Drug Plan.
		<p><u>Out-Of-Network Initial Coverage</u></p> <ul style="list-style-type: none"> After you pay your yearly deductible, you will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,840: 	<p><u>Out-Of-Network Initial Coverage</u></p> <ul style="list-style-type: none"> After you pay your yearly deductible, you will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,840: 	<p><u>Out-Of-Network Initial Coverage</u></p> <ul style="list-style-type: none"> You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,840:

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If you have any questions about this plan's benefits or costs, please contact Humana Insurance Company for details.

Section II - Summary of Benefits

BENEFIT	ORIGINAL MEDICARE	HUMANA WALMART-PREFERRED Rx PLAN (PDP)	HUMANA ENHANCED (PDP)	HUMANA COMPLETE (PDP)
		<ul style="list-style-type: none"> • <u>Tier 1: Preferred Generic Drugs</u> – \$10 copay for a one-month (30-day) supply of drugs in this tier • <u>Tier 2: Generic Drugs</u> – \$10 copay for a one-month (30-day) supply of drugs in this tier • <u>Tier 3: Non-Preferred Generic and Preferred Brand Drugs</u> – 37% coinsurance for a one-month (30-day) supply of drugs in this tier • <u>Tier 4: Non-Preferred Brand Drugs</u> – 50% coinsurance for a one-month (30-day) supply of drugs in this tier – You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount. <p><u>Out-Of-Network Coverage Gap</u></p> <ul style="list-style-type: none"> • You will be reimbursed up to 7% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,550. 	<ul style="list-style-type: none"> • <u>Tier 1: Preferred Generic Drugs</u> – \$7 copay for a one-month (30-day) supply of drugs in this tier • <u>Tier 2: Non-Preferred Generic and Preferred Brand Drugs</u> – \$39 copay for a one-month (30-day) supply of drugs in this tier • <u>Tier 3: Non-Preferred Brand Drugs</u> – \$73 copay for a one-month (30-day) supply of drugs in this tier • <u>Tier 4: Specialty Tier Drugs</u> – 31% coinsurance for a one-month (30-day) supply of drugs in this tier – You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount. <p><u>Additional Out-Of-Network Coverage Gap</u></p> <ul style="list-style-type: none"> • You will be reimbursed for these drugs purchased out-of-network up to the full cost of the drug minus the following: 	<ul style="list-style-type: none"> • <u>Tier 1: Preferred Generic Drugs</u> – \$6 copay for a one-month (30-day) supply of drugs in this tier • <u>Tier 2: Non-Preferred Generic and Preferred Brand Drugs</u> – \$39 copay for a one-month (30-day) supply of drugs in this tier • <u>Tier 3: Non-Preferred Brand Drugs</u> – \$70 copay for a one-month (30-day) supply of drugs in this tier • <u>Tier 4: Specialty Tier Drugs</u> – 33% coinsurance for a one-month (30-day) supply of drugs in this tier – You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount. <p><u>Additional Out-Of-Network Coverage Gap</u></p> <ul style="list-style-type: none"> • You will be reimbursed for these drugs purchased out-of-network up to the full cost of the drug minus the following:

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Section II - Summary of Benefits

BENEFIT	ORIGINAL MEDICARE	HUMANA WALMART-PREFERRED Rx PLAN (PDP)	HUMANA ENHANCED (PDP)	HUMANA COMPLETE (PDP)
		<ul style="list-style-type: none"> You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount. 	<ul style="list-style-type: none"> <u>Tier 1: Preferred Generic Drugs</u> <ul style="list-style-type: none"> – \$14 copay for a one-month (30-day) supply of select drugs covered in this tier <u>Tier 2: Non-Preferred Generic and Preferred Brand Drugs</u> <ul style="list-style-type: none"> – You will be reimbursed up to 7% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,550. You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,550. 	<ul style="list-style-type: none"> <u>Tier 1: Preferred Generic Drugs</u> <ul style="list-style-type: none"> – \$6 copay for a one-month (30-day) supply of all drugs covered in this tier <u>Tier 2: Non-Preferred Generic and Preferred Brand Drugs</u> <ul style="list-style-type: none"> – \$39 copay for a one-month (30-day) supply of select drugs covered in this tier <u>Tier 3: Non-Preferred Brand Drugs</u> <ul style="list-style-type: none"> – \$70 copay for a one-month (30-day) supply of select drugs covered in this tier

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If you have any questions about this plan's benefits or costs, please contact Humana Insurance Company for details.

Section II - Summary of Benefits

BENEFIT	ORIGINAL MEDICARE	HUMANA WALMART-PREFERRED Rx PLAN (PDP)	HUMANA ENHANCED (PDP)	HUMANA COMPLETE (PDP)
			<ul style="list-style-type: none"> • <u>Tier 3: Non-Preferred Brand Drugs</u> <ul style="list-style-type: none"> – You will be reimbursed up to 7% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,550. • You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,550. 	<ul style="list-style-type: none"> • <u>Tier 4: Specialty Tier Drugs</u> <ul style="list-style-type: none"> – You will be reimbursed up to 7% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,550. – You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,550. – You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.

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If you have any questions about this plan's benefits or costs, please contact Humana Insurance Company for details.

Section II - Summary of Benefits

BENEFIT	ORIGINAL MEDICARE	HUMANA WALMART-PREFERRED Rx PLAN (PDP)	HUMANA ENHANCED (PDP)	HUMANA COMPLETE (PDP)
			<ul style="list-style-type: none"> • <u>Tier 4: Specialty Tier Drugs</u> – You will be reimbursed up to 7% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,550. • You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,550. • You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount. 	

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If you have any questions about this plan's benefits or costs, please contact Humana Insurance Company for details.

Section II - Summary of Benefits

BENEFIT	ORIGINAL MEDICARE	HUMANA WALMART-PREFERRED Rx PLAN (PDP)	HUMANA ENHANCED (PDP)	HUMANA COMPLETE (PDP)
		<p><u>Out-Of-Network Catastrophic Coverage</u></p> <ul style="list-style-type: none"> • After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus your cost share, which is the greater of: <ul style="list-style-type: none"> – A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or – 5% coinsurance • You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount. 	<p><u>Out-Of-Network Catastrophic Coverage</u></p> <ul style="list-style-type: none"> • After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus your cost share, which is the greater of: <ul style="list-style-type: none"> – A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or – 5% coinsurance • You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount. 	<p><u>Out-Of-Network Catastrophic Coverage</u></p> <ul style="list-style-type: none"> • After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus your cost share, which is the greater of: <ul style="list-style-type: none"> – A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or – 5% coinsurance • You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.

Section III – About Your Plan

Humana Prescription Drug Plan

This section further explains some of the benefits of our plan. To get a complete list of benefits, limitations, and exclusions, call Humana and ask for the “Evidence of Coverage.”

Humana Walmart-Preferred Rx Plan (PDP)

Enrollment Limitations

- Eligible individuals can enroll in only one Medicare Prescription Drug Plan (PDP) at a time.
- You can't enroll in a Medicare Advantage Plan HMO or PPO and a stand-alone PDP at the same time.
- You can enroll in a Private-Fee-For-Service (PFFS) plan and a stand alone PDP. However, you can't do so if the PFFS plan already has a prescription drug benefit attached.

Days Supply Available

Unless otherwise specified, you can get your Part D medicine in the following days supply amounts:

- One-month supply (up to 30 days)*
- Two-month supply (31 – 60 days)
- Three-month supply (61 – 90 days)

*Long Term Care Pharmacy (one month supply = 34 days)

Specialty Drugs

Regardless of tier placement, Specialty drugs are limited to a one-month supply.

Drug Tiers

Humana Walmart-Preferred Rx Plan has four drug tiers with two levels of preferred generic drugs.

- Tier 1 **Preferred Generics** are generic drugs that are available at the lowest cost share.
- Tier 2 **Generics** are additional generic drugs that are available at a lower cost share than non-preferred generic and brand drugs.
- Tier 3 contains **Non-Preferred Generic/Preferred Brand** drugs. The generic drugs in this tier are at a higher cost than preferred generics. The preferred brand drugs are at a lower cost than non-preferred brand drugs.
- Tier 4 **Non-Preferred Brand** drugs have higher costs than preferred brands.

Limit Out-of-Pocket Costs by using Preferred Pharmacies

- **Preferred Mail Order Pharmacy: \$0 Tier 1 and Tier 2 Generics**

With Humana Walmart-Preferred Rx Plan, once you meet your deductible, you pay nothing for Tier 1 and Tier 2 generics when filled by Humana's preferred mail order pharmacy.

- **Preferred Retail Pharmacies**

Use preferred retail pharmacies to minimize your out-of-pocket costs. Humana Walmart-Preferred Rx Plan has both preferred and non-preferred retail pharmacies in its network. If you get your prescription(s) filled at a non-preferred retail pharmacy, your cost will increase \$5 to \$8 or 15 percent to 17 percent. This depends on the tier cost share for the drug.**

**Will not apply to low income subsidized beneficiaries.

Humana Enhanced (PDP)

Enrollment Limitations

- Eligible individuals can enroll in only one Medicare Prescription Drug Plan (PDP) at a time.
- You can't enroll in a Medicare Advantage Plan HMO or PPO and a stand-alone PDP at the same time.
- You can enroll in a Private-Fee-For-Service (PFFS) plan and a stand alone PDP. However, you can't do so if the PFFS plan already has a prescription drug benefit attached.

Days Supply Available

Unless otherwise specified, you can get your Part D medicine in the following days supply amounts:

- One-month supply (up to 30 days)*
- Two-month supply (31 – 60 days)
- Three-month supply (61 – 90 days)

*Long Term Care Pharmacy (one month supply = 34 days)

Specialty Drugs

Regardless of tier placement, Specialty drugs are limited to a one-month supply.

Plan Deductible

The deductible for this plan doesn't apply to Tier 1 Preferred Generic drugs. However, if you purchase a medicine that isn't in Tier 1, you must meet your deductible before you can get these drugs at the normal cost-sharing amount.

Coverage Gap

Humana Enhanced prescription drug plan provides coverage for select Tier 1 Preferred Generic drugs in the gap. Your cost share in the gap will vary from your cost share during your initial coverage period. Please review Section II of this Summary of Benefits for details.

Limit Out-of-Pocket Costs by using Preferred Pharmacies

- **Preferred Mail Order Pharmacy: \$0 Tier 1 Preferred Generics**
With Humana Enhanced (PDP), you pay nothing for Tier 1 generics when filled by Humana's preferred mail order pharmacy.
- **Preferred Retail Pharmacies**
Use preferred retail pharmacies to minimize your out-of-pocket costs. Humana Enhanced (PDP) has both preferred and non-preferred retail pharmacies in its network. If you get your prescription(s) filled at a non-preferred retail pharmacy, your cost will increase \$5. This depends on the tier cost share for the drug.**.

**Will not apply to low income subsidized beneficiaries.

Humana Complete (PDP)

Enrollment Limitations

- Eligible individuals can enroll in only one Medicare Prescription Drug Plan (PDP) at a time.
- You can't enroll in a Medicare Advantage Plan HMO or PPO and a stand-alone PDP at the same time.
- You can enroll in a Private-Fee-For-Service (PFFS) plan and a stand alone PDP. However, you can't do so if the PFFS plan already has a prescription drug benefit attached.

Days Supply Available

Unless otherwise specified, you can get your Part D medicine in the following days supply amounts:

- One-month supply (up to 30 days)*
- Two-month supply (31 – 60 days)
- Three-month supply (61 – 90 days)

*Long Term Care Pharmacy (one month supply = 34 days)

Specialty Drugs

Regardless of tier placement, Specialty drugs are limited to a one-month supply.

Limit Out-of-Pocket Costs by using Preferred Pharmacies

- **Preferred Mail Order Pharmacy: \$0 Tier 1 Preferred Generics**
With Humana Complete PDP, you pay nothing for Tier 1 generics when filled by Humana's Preferred Mail Order Pharmacy.
- **Preferred Retail Pharmacies**
Use preferred retail pharmacies to minimize your out-of-pocket costs. Humana Complete PDP has both preferred and non-preferred retail pharmacies in its network. If you get your prescription(s) filled at a non-preferred retail pharmacy, your cost will increase \$5. This depends on the tier cost share for the drug.**

**Will not apply to low income subsidized beneficiaries.

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Guidance when you need it most

- Medicare
- Group health benefits
- Individual health
- Specialty Benefits
- Pharmacy Solutions

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 the program.

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