

2014

Prescription Drug
Schedule
Humana Medicare
Employer Plan



Option 74

Freescale™ Semiconductors Retirees

Humana®



SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

Thank you for your interest in the Humana Rx Plan. This Schedule 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 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 the Humana Rx Plan.

HOW CAN I COMPARE MY OPTIONS?

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

WHERE CAN I GET MY PRESCRIPTIONS?

The Humana Rx 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.

You can ask for a Pharmacy Directory or visit us at

http://www.humana.com/Medicare/medicare_prescription_drugs.

WHAT IF MY DOCTOR PRESCRIBES LESS THAN A MONTH'S SUPPLY?

In consultation with your doctor or pharmacist, you may receive less than a month's supply of certain drugs. Also, if you live in a long-term care facility, you will receive less than a month's supply of certain brand [and generic] drugs. Dispensing fewer drugs at a time can help reduce cost and waste in the Medicare Part D program, when this is medically appropriate.

The amount you pay in these circumstances will depend on whether you are responsible for paying coinsurance (a percentage of the cost of the drug) or a copay (a flat dollar amount for the drug). If you are responsible for coinsurance for the drug, you will continue to pay the applicable percentage of the drug cost. If you are responsible for a copay for the drug, a "daily cost-sharing rate" will be applied. If your doctor decides to continue the drug after a trial period, you should not pay more for a month's supply than you otherwise would have paid. Contact your plan if you have questions about cost-sharing when less than a one-month supply is dispensed.

DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?

The Humana Rx 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 associated with the delivery of insulin that are covered under the Medicare Prescription Drug Benefit (Part D) and that are on our formulary.

WHAT IS A PRESCRIPTION DRUG FORMULARY?

The Humana Rx 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 members 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/medicare/medicare_prescription_drugs/medicare_drug_tools/medicare_drug_list/.

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.



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 <http://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. Plan benefits and cost-sharing may change from calendar year to calendar year. Each year, plans can decide whether to continue to participate with the Medicare Prescription Drug Program. A plan may continue in their entire service area (geographic area where the plan accepts members) or choose to continue only in certain areas. Also, Medicare may decide to end a contract with a plan. Even if your Medicare Prescription Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue for an additional calendar year, 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 the Humana Rx 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.

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 the Humana Rx Plan for more details.

Prescription drug schedule

How the prescription structure works

Covered prescription drugs are assigned to one of four different tiers with corresponding cost share amounts. The tiers are described in the chart below.

The cost share for each prescription is based on the current assigned tier of the drug.

	Network pharmacies and Mail-order benefit A 30-day supply	Mail-order benefit A 90-day supply*	Network pharmacies A 90-day supply*
Tier 1 - Generic or Preferred Generic	\$5.00	\$10.00	\$15.00
Tier 2 - Preferred Brand	30% with a \$50 maximum member out-of-pocket per prescription	25% with a \$100 maximum member out-of-pocket per prescription	30% with a \$150 maximum member out-of-pocket per prescription
Tier 3 - Non-Preferred Brand	50% with a \$75 maximum member out-of-pocket per prescription	45% with a \$190 maximum member out-of-pocket per prescription	50% with a \$225 maximum member out-of-pocket per prescription
Tier 4 - Specialty Tier	25% with a \$100 maximum member out-of-pocket per prescription	N/A*	N/A*

*Specialty drugs are not available in a 90-day supply. Regardless of tier placement, Specialty drugs are limited to a 30-day supply.

Benefit limitations

See your Evidence of Coverage for a complete listing of benefit Limitations and Exclusions.

Once you reach an out-of-pocket cost of \$4,550, you pay the greater of \$2.55 for generic (including brand drugs treated as generic) and \$6.35 for all other drugs, or 5% coinsurance regardless of the tier. Prescription drug coverage is unlimited.

Understanding your prescription drug coverage

- Some drugs in all tiers may be subject to prior authorization or dispensing limits.
- Medications may move from one tier to a different tier during the plan year. Please check our Website or contact Group Medicare Customer Care for the most up-to-date information. We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at the number on the back of your ID card. Someone who speaks your preferred language can help you. This is a free service.
- You can visit Humana's Website at **Humana.com** or call Humana Group Medicare Customer Care with questions about your prescription drug benefits at the number on the back of your ID card.
- 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 network pharmacy and present your membership card with each prescription or refill.

Mail-order benefit

For your convenience, you may receive coverage for a maximum 90-day supply per prescription or refill through the mail (maximum 30-day supply for Specialty drugs). The same requirements apply when purchasing medications through a participating mail-order pharmacy as apply when purchasing in person at a pharmacy. Members can visit our Website or call Group Medicare Customer Care at the number on your ID card for more information, including mail-order forms.

Rx Discount

Certain types of prescription drugs are not covered by prescription drug plans. If your doctor prescribes any of these drugs for you, the Rx Discount service can make them more affordable. This discount program can apply to prescription medicines for:

- Weight loss
- Hair loss
- Many other conditions



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 herein is a brief summary, not a comprehensive description of benefits. For more information contact the plan. Limitations, copayments and restrictions may apply. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change each year.

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