

**HUMANA®**

**2012**

— Prescription Drug Schedule —

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**Humana Medicare Employer**

Freescale™ Semiconductors Retirees

## Benefit information

Covered drugs are classified as belonging to one of four different tiers. A committee of clinical pharmacists and doctors develop guidelines and criteria for drug placement in each tier.

## What are my protections in this plan?

As a member of Medicare Employer Rx, 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.

Note: This may be different from any prescription drug benefit you have had in the past. Your copayment is determined by which tier the drug is assigned to, not by whether the drug is generic or brand. 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.

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

When you need a prescription drug, talk to your doctor about your out-of-pocket costs and the drugs that may be appropriate for you and your particular condition.

### **Benefit limitations**

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

Once you have reached a total yearly drug cost of \$2,930 (paid by both you and your plan), you pay a \$5 copayment for generic drugs, 60% of the drug cost up to \$100 per prescription for brand drugs, 100% of the drug cost up to \$150 per prescription for non-preferred brand drugs and 50% of the drug cost up to \$200 per prescription for specialty drugs. You will also receive a nearly 50% discount

off name brand drugs as a result of health care reform. Once your true out-of-pocket cost (TrOOP) reaches \$4,700, you pay the greater of \$2.60 for generic (including brand drugs treated as generic) and \$6.50 for all other drugs, or 5% coinsurance. Prescription drug coverage is unlimited.

### **Benefit information**

Covered drugs are classified as belonging to one of four different tiers. A committee of clinical pharmacists and doctors develop guidelines and criteria for drug placement in each tier.

## **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.
- 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.

### **Home infusion therapy drugs**

If you take certain types of infusion drugs covered under our Medicare Advantage Prescription Drug plans (MA/PD), you may qualify for this service, which helps you and your doctor manage your care without ongoing hospitalization. This service includes coverage for the "coverage gap" portion of your plan. Drugs included in this coverage are

those that would be used as an alternative to inpatient treatment. Your cost for the medication is the same as it is before the coverage gap sets in. Your out-of-pocket expenses while using this service apply to your "true out-of-pocket" maximum, which is \$4,700 for 2012.

Home infusion drugs will be covered based on the tier of the drug at the same cost share amount as listed in the chart above when you have reached a total yearly drug cost of \$2,930.

### **Where can I get my prescriptions if I join this plan?**

You can use any pharmacy in our network. The pharmacies in our network can change at any time. Call Group Medicare Customer Care at the number on your ID card for a current Pharmacy Network List or go to **Humana.com** for a pharmacy location near you.

### **What happens if I go to a pharmacy that's not in the network?**

When you purchase a drug at an out-of-network pharmacy, you will pay the same cost-sharing as you would have paid at an in-network pharmacy plus the difference between the out-of-network pharmacy's price and the network pharmacy price for that drug. If you go to a pharmacy that's not in our network, you should expect to pay more for your prescriptions. If the pharmacy is out of network you may have to pay full cost and then submit a claim for reimbursement from Humana. Contact the Plan for details. You also might have to follow special rules before getting your prescription in order for the prescription to be covered under our plan. For more information, call Customer Care at the number on your ID card.

### **Humana drug formulary**

The Humana Drug Guide is a list of prescription drugs. Prescription drugs, or classes of certain prescription drugs, are generally reviewed by a committee comprised of physicians and pharmacists for safety, effectiveness and cost-effectiveness prior to placement on the Humana Drug Guide. The committee regularly updates the Drug Guide and reviews existing prescription drugs, or classes of prescription drugs, on a case-by-case basis. You should always discuss prescription drugs with your physician to determine appropriateness or clinical effectiveness with respect to you or any specific illness. This list is subject to change during the plan year. Information about the Humana Drug List is available to members by visiting our Website or calling Group Medicare Customer Care at the phone number on your ID card.

### **What is a medication therapy management (MTM) program?**

A Medication Therapy Management (MTM) Program is a benefit that your plan may offer. You may be identified to participate in a program designed for your specific health and pharmacy needs. It is recommended that you take full advantage of this covered benefit if you are selected. Contact Humana Group Medicare at the number on your ID card for more details.

### **What type of drugs may be covered under Medicare Part B?**

The following outpatient prescription drugs may be covered under Medicare Part B. This may include, but is not limited to, the following types of drugs. Contact Humana Group Medicare at the number on your ID card for more details.

- **Some antigens:** If prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- **Osteoporosis drugs:** Injectable drugs for osteoporosis for certain women with Medicare.

- **Erythropoietin (Epoetin alpha or Epogen®):** By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- **Hemophilia clotting factors:** Self-administered clotting factors if you have hemophilia.
- **Injectable drugs:** Most injectable drugs administered during a physician's service.
- **Immunosuppressive drugs:** Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- **Some oral cancer drugs:** If the same drug is available in an injectable form.
- **Oral anti-nausea drugs:** If you are part of an anti-cancer chemotherapeutic regimen. Inhalation and infusion drugs provided through DME.
- **Diabetic medication and supplies**

### **Does my plan cover Medicare Part B or Part D drugs?**

Humana Medicare Employer covers both Medicare Part B prescription drugs and Part D prescription drugs.

### **Am I eligible for extra help?**

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If eligible, Medicare could pay for up to one-hundred (100) percent of drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't know it. For more information about this Extra Help, contact your local Social Security office or call 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days per week.

## **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 save you an average of 20% or more for prescription medicines for:

- Weight loss
- Impotence
- Hair loss
- Many other conditions

# HUMANA®

A health plan with a Medicare contract available to anyone entitled to Part A and/or enrolled in Part B of Medicare through age or disability. You must continue to pay your Medicare Part B premiums.

This is an advertisement; for full information on plan benefits, contact the plan.

**Humana.com**