

HumanaHMO Rx3 Prescription Drug Coverage

Level One - \$15, Level Two - \$30, Level Three - \$50

How the Rx3 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 low cost generic drugs.
- **Level Two:** Higher copayment for higher cost brand-name drugs. If you request a brand-name drug when a generic equivalent is available, you pay the applicable Level One or Level Three generic copayment plus the difference between the dispensing pharmacy charges for the brand-name and generic drugs. *
- **Level Three:** Highest copayment for higher cost drugs, both generic and brand-names. These drugs may have generic or brand-name alternatives in Levels One or Two. If you request a brand-name drug when a generic equivalent is available, you pay the applicable Level One or Level Three generic copayment, plus the cost difference between the brand-name and generic drugs. *

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. In the event drugs are moved to categories with higher member cost, advance notice is provided based on past usage. Always discuss prescription drugs with your physician to determine appropriateness or clinical effectiveness with respect to you or any specific illness.

Check our Website or contact Customer Service for the most up-to-date information about the Drug List.

There are no claim forms to file if you present your membership card with each prescription.

*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.

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:	\$15
Level Two:	\$30
Level Three:	\$50

- 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.
- If you use a nonparticipating pharmacy, there is no coverage, except for prescriptions required during an emergency for treatment of an emergency medical condition.

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 www.humana.com.

Mail-order benefit

For your convenience, you may receive a maximum 90-day supply per prescription or refill through the mail (maximum 30-day supply for self-administered injectable 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 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.
- Maintenance medication (mail-order drugs): any prescription drugs that 1) are generally prescribed for treatment of long-term chronic sicknesses or injuries and 2) are purchased from the pharmacy contracted with Humana to dispense mail-order drugs, which are included on a list of maintenance medications approved by us.
- Participating pharmacy: a pharmacy that has signed a direct agreement with us as an independent contractor or has been designated by us as an independent contractor to provide services to all covered persons.
- 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 coverage is provided for the following:

- 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 drug, medicine or medication, even though a charge is made to you.
- Anorectic or any drug used for the purpose of weight control.
- Any drug used for cosmetic purposes, including but not limited to:
 - Tretinoin, e.g. Retin A, except if you are under the age of 45 or are diagnosed as having adult acne;
 - 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; or
 - Available in prescription strength without a prescription.
- Abortifacients (drugs used to induce abortions).
- Infertility medications (except Illinois).
- Any drug prescribed for impotence and/or sexual dysfunction, e.g. Viagra.
- Any drug for which prior authorization is required, as determined by us, and not obtained.
- Any service, supply or therapy to eliminate or reduce a dependency on, or addiction to tobacco and tobacco products, including but not limited to nicotine withdrawal therapies, programs, services or medications.
- Treatment for onychomycosis (nail fungus).
- Any portion of a prescription or refill that exceeds a 30-day supply (or a 90-day supply for a prescription or refill that is received from a mail order pharmacy).
- Legend drugs which are not recommended and not deemed necessary by a health care practitioner.
- Prescriptions filled at a non-network pharmacy except for prescriptions required during an emergency. (Unless specifically listed on this benefit summary.)

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

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Guidance when you need it most

Offered by Humana Medical Plan, Inc., Humana Employers Health Plan of Georgia, Inc., Humana Health Plan, Inc., Humana Health Benefit Plan of Louisiana, Inc., Humana Health Plan of Ohio, Inc., Humana Health Plans of Puerto Rico, Inc., Humana Wisconsin Health Organization Insurance Corporation, or Humana Health Plan of Texas, Inc. – A Health Maintenance Organization

For Arizona Residents: Offered by Humana Health Plan, Inc.

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