

HumanaPPO Rx3 Prescription Drug Coverage

Level One - \$10, Level Two - \$20, Level Three - \$40

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 cost difference between 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 by a medical committee comprised of physicians and pharmacists for safety, effectiveness and cost-effectiveness prior to assignment to one of the Rx3 levels. Based on clinical and economic factors considered by the committee, drugs may be subject to changes from higher copayment levels to lower copayment levels on a monthly basis. Drugs may also be subject to changes from lower copayment levels to higher copayment levels on an annual basis. You should always discuss prescription drugs with your physician to determine appropriateness or clinical effectiveness with respect to you or any specific illness.

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:	\$10
Level Two:	\$20
Level Three:	\$40

- 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.

Nonparticipating pharmacy coverage*

You may also purchase prescribed medications from a nonparticipating pharmacy. You will be required to pay for your prescriptions according to the following rule:

- You pay 100 percent of the actual charges
 - You file a claim form with Humana (address is on the back of ID card)
 - Claim is paid at 70 percent of the actual charges, after they are first reduced by the sum of the applicable copayment and any required difference between the amount paid by Humana to the dispensing pharmacy for the brand-name drug and the amount Humana would have paid the dispensing pharmacy for a generic medication
- 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
- * In Georgia, the nonparticipating benefits are paid the same as the participating benefits, per state regulation.

Coverage specifics

Your coverage includes the following:

- A 30-day supply or the amount prescribed, whichever is less, for each prescription or refill
- Contraceptives
- 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.

Coverage specifics

(cont.)

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 Web site.

For a complete listing of participating pharmacies, please refer to your participating provider directory, or visit our Web site 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 Web site 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.
- Nonparticipating pharmacy: a pharmacy which has not entered into a service agreement with Humana to participate in this plan.
- Participating pharmacy: a pharmacy which has entered into a service agreement with Humana to provide services to members under the terms of such agreement.

Limitations and exclusions

Unless specifically stated otherwise, no coverage is provided for the following:

- Any portion of a prescription or refill that exceeds a 30-day supply for a prescription - 90-day supply for a prescription through mail order. Self injectables are limited to a 30-day supply
- Prescription refills in excess of the number specified by the physician, or dispensed more than one year from the date of the original order
- The administration of a covered medication
- Infertility drugs (except where required by law)
- Drug delivery implants
- 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, or may be, made to the member
- Any costs related to the mailing, sending or delivery of prescription drugs
- Anorectic or any drug used for the purpose of weight control (except where required by law)
- Any drug prescribed for a noncovered sickness or injury
- Abortifacients
- Any drug prescribed for impotence and/or sexual dysfunction, e.g. Viagra
- Injectable drugs, including but not limited to immunizing agents, biological sera, blood, blood plasma or self-administered injectable drugs not approved by Humana.

This is only a partial list of limitations and exclusions.

Please refer to the Certificate for complete details regarding prescription drug coverage.



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