

# Humana RxImpact Prescription Drug Coverage

Group A - \$30, Group B - \$20, Group C - \$10, Group D - \$0

## How the RxImpact structure works

With RxImpact, drugs are organized by their ability to prevent a serious medical episode and by the timeframe in which they impact medical expenses.

The RxImpact plan pays a specific benefit (dollar amount) to a pharmacy for each prescription or refill. The benefit amount is usually different for each group of drugs. You pay the balance, if any, of the amount due to the pharmacy.

The groups are organized as follows:

- **Group A:** Drugs with the greatest ability to prevent a serious medical episode. Includes brand and generic drugs for conditions such as asthma, infections, depression, juvenile diabetes, as well as pregnancy prevention. Antibiotics, insulin, and contraceptives are examples of drugs in this group.
- **Group B:** Drugs for the control of chronic (long-term) conditions. Includes brand and generic drugs that treat cancer, heart disease, AIDS, and multiple sclerosis. Heart medications, cholesterol-lowering medications, estrogen, and oral diabetic drugs are in this group.
- **Group C:** Drug that may reduce symptoms and improve day-to-day functioning. Includes brand and generic drugs that treat allergies, arthritis, and indigestion. Antihistamines, anti-inflammatories, antacids, and pain medications are in this group.
- **Group D:** Drugs that may improve psychological, emotional or physical well-being. Includes brand and generic drugs for obesity, sexual dysfunction, and acne. Many drugs in this Group are not covered by other prescription drug plans.

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, clinical effectiveness and cost-effectiveness prior to assignment or a change in assignment to one of the groups. Coverage of a prescription drug or placement of the drug within a group 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.

Members can visit Humana's Website, **Humana.com**, to obtain information about their prescription drug and corresponding benefits and for a current RxImpact Drug List, or they can call Humana's Customer Service with questions.

For a complete listing of participating pharmacies, please refer to our Website or your participating provider directory.

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## Coverage at participating pharmacies

When you present your membership card at a pharmacy, you are required to pay the balance, if any, to the pharmacy for each prescription based on the current assigned level of the drug.

### Drugs assigned to: Benefit per prescription or refill

Group A:	\$30*
Group B:	\$20*
Group C:	\$10*
Group D:	\$0**

\* For Drug Groups A, B and C, your share of the cost will never exceed \$100 for each prescription or refill. And, your total out-of-pocket expenses will never exceed \$2,500 per member during your plan year.

\*\* For Drug Group D, there is no limit on your share of the cost for each prescription or for the plan year.

- The amount you pay for covered prescription drugs is determined 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.

## 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 and related supplies approved by Humana.
- Certain drugs, medicines or medications that, under federal or state law, may be dispensed only by prescription from a physician.

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## Mail-order and 90-day Retail

For your convenience, you can receive a maximum 90-day supply per prescription or refill (maximum 30-day supply for self-administered injectable or specialty drugs) for certain maintenance drugs. In these cases, your cost is the amount exceeding the multiple applicable allowance. The same requirements apply whether purchasing medications through a participating mail-order pharmacy or purchasing in person at a retail pharmacy. Some retail pharmacies may not dispense on a 90-day basis. Members can call Customer Service or visit our Website for more information, including mail-order forms.

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## Definition of terms

- Allowance: the initial amount to be paid by us toward a prescription or refill of a covered prescription drug when dispensed by a pharmacy.
- Participating pharmacy: a pharmacy that has signed a direct agreement with us or has been designated by us to provide covered pharmacy services, covered specialty pharmacy services; or covered mail order pharmacy services, as defined by us, to covered persons, including covered prescriptions or refills delivered through the mail.
- Drug List: a list of prescription drugs, medicines, medications and supplies specified by us. This list identifies drugs as Group A, Group B, Group C, or Group D drugs, and indicates applicable dispensing limits and/or any prior authorization requirements. This list is subject to change without notice.

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## Limitations and exclusions

Unless specifically stated otherwise, no benefits will be provided for or on account of the following items:

- Any drug prescribed for a sickness or bodily injury not covered under the policy.
- Any drug, medicine or medication labeled “Caution-limited by federal law to investigational use” or any experimental or investigational drug, medicine or medication, even though a charge is made to you. {WI – This does not apply to those investigational drugs which are approved by the United States Food and Drug Administration for treatment of HIV infection or a medical condition arising from or related to, and that has completed a Phase III clinical investigation.}
- Any drug or medicine that is:
  - Lawfully obtainable without a prescription (over the counter drugs), except insulin {LA – insulin covered under diabetes benefit}; or
  - Available in prescription strength without a prescription.
- Infertility services including medications. {IL – Medications for the treatment of infertility, unless specifically referenced in this certificate.} {CA – Infertility services including medications, except as otherwise specified elsewhere in the policy.}
- 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. {IN – remove but not limited to}
- Any portion of a prescription or refill that exceeds a 90-day supply, received from a mail order pharmacy or a retail pharmacy that participates in our program which allows you to receive a 90-day supply of a prescription or refill.
- Any portion of a prescription or refill that exceeds a 30-day supply, received from a retail pharmacy that does not participate in our program which allows you to receive a 90-day supply of a prescription or refill.
- Any portion of a specialty drug or self-administered injectable drug received from a retail pharmacy or a specialty pharmacy that exceeds a 30-day supply, unless otherwise determined by us.
- Legend drugs which are not deemed medically necessary by us.
- More than one prescription or refill within a 23-day period for the same drug or therapeutic equivalent medication prescribed by one or more health care practitioners and dispensed by one or more pharmacies, unless received from a mail order pharmacy, or a retail pharmacy that participates in our program which allows you to receive a 90-day supply of a prescription or refill. For drugs received from a mail order pharmacy, or a retail pharmacy that participates in our program which allows you to receive a 90-day supply of a prescription or refill, more than one prescription or refill within a 20-day period for a 1-30 day supply; or a 60-day period for a 61-90 day supply. (Based on the dosage schedule prescribed by the health care practitioner.)

These limitations and exclusions apply even if a health care practitioner has performed or prescribed a medically appropriate procedure, service, treatment, supply or prescription. This does not prevent your health care practitioner or pharmacist from providing or performing the procedure, service, treatment, supply or prescription; however, the procedure, service, treatment, supply or prescription will not be a covered expense.

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



Humana Plans are offered by the Family of Insurance and Health Plan Companies including Humana Medical Plan, Inc., Humana Employers Health Plan of Georgia, Inc., Humana Health Plan, Inc., Humana Health Benefit Plan of Louisiana, Inc., Humana Health Plans of Michigan, Inc., Humana Health Plan of Ohio, Inc., Humana Health Plans of Puerto Rico, Inc. License # 00235-0008, Humana Wisconsin Health Organization Insurance Corporation, or Humana Health Plan of Texas, Inc. – A Health Maintenance Organization or insured by Humana Health Insurance Company of Florida, Inc., Humana Health Plan, Inc., Humana Health Benefit Plan of Louisiana, Inc., Humana Insurance Company, Humana Insurance Company of Kentucky, Emphesys Insurance Company, or Humana Insurance of Puerto Rico, Inc. License # 00187-0009

For Arizona Residents: Offered by Humana Health Plan, Inc. or insured by Humana Insurance Company, Emphesys Insurance Company

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

Our health benefit plans have limitations and exclusions.