



We're here for you!

Humana Group Medicare Customer Care
1-866-396-8810 (TTY: 711)
Monday – Friday, 8 a.m. – 9 p.m., Eastern time

Humana is a Medicare Advantage PPO plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal. Call **1-866-396-8810 (TTY: 711)** for more information.

Limitations on telehealth services, also referred to as virtual visits or telemedicine, vary by state. These services are not a substitute for emergency care and are not intended to replace your primary care provider or other providers in your network. Any descriptions of when to use telehealth services are for informational purposes only and should not be construed as medical advice. Please refer to your Evidence of Coverage for additional details on what your plan may cover or other rules that may apply.

Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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Humana

HUMANA GROUP MEDICARE PREFERRED PROVIDER ORGANIZATION (PPO) PLAN

PPO



Group Medicare PPO

County of Rensselaer



Beyond healthcare

At Humana, we give you everything you expect from a healthcare plan, but that's just our starting point. We then find more ways to help, and more ways to support your health and your goals. That's human care, and it's just the way things ought to be.

What's inside

- How to enroll
- Summary of Benefits
- Introduction to Medicare
- Details about your plan
- Tools and programs to help manage your health
- Frequently asked questions

What to expect after you enroll

Enrollment confirmation

You'll receive a letter from Humana once the Centers for Medicare & Medicaid Services (CMS) confirms your enrollment.

Humana member ID card

Your Humana member ID card will arrive in the mail shortly after you enroll.

Evidence of Coverage (EOC)

This detailed booklet about your healthcare coverage with your plan will arrive in the mail. This will also include your privacy notice.

Medicare health survey

CMS requires Humana to ask new members to complete a health survey within their first few months of enrollment. Be on the lookout for information on how to access the survey, which will help us get to know what's important to you.

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Humana®

Please join us
to learn more about
Humana's Group
Medicare health plan
benefits sponsored
by Humana and
County of Rensselaer



Join a virtual presentation

To register for a virtual presentation, type the web address into your web browser. You will receive a confirmation email with instructions on how to sign in and view the live online presentation and Q&A session.

If you prefer to use the phone instead of a computer, you may also join the webinar by dialing in and then entering the access code when prompted.

Please have your Enrollment Kit to refer to during the presentation. A licensed Humana representative will be available to answer questions about the benefits and services available to Humana members and explain the enrollment process.

For more information or accommodation of persons with special needs, call **1-800-824-8242 (TTY: 711)**, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.



Date: **Thurs., Dec. 3, 2020**

Time: **10 a.m., Eastern time**

Link*: **<https://huma.na/RensCo1>**

Dial in: **1-213-929-4232**

Access code: **478-319-233**

Date: **Fri., Dec. 4, 2020**

Time: **1 p.m., Eastern time**

Link*: **<https://huma.na/RensCo2>**

Dial in: **1-631-992-3221**

Access code: **856-866-925**

*The Link/URL is case sensitive and must be entered as shown above.

Important!

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, marital status or religion. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618
If you need help filing a grievance, call the number on your ID card or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.
- **California residents:** You may also call California Department of Insurance toll-free hotline number: **1-800-927-HELP (4357)**, to file a grievance.

Auxiliary aids and services, free of charge, are available to you. Call the number on your ID card (TTY: 711)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

Language assistance services, free of charge, are available to you. Call the number on your ID card (TTY: 711)

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call the number on your ID card (**TTY: 711**)... ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que figura en su tarjeta de identificación (**TTY: 711**)... 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電會員卡上的電話號碼 (**TTY: 711**)... CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số điện thoại ghi trên thẻ ID của quý vị (**TTY: 711**)... 주의 : 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. ID 카드에 적혀 있는 번호로 전화해 주십시오 (**TTY: 711**)... PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tawagan ang numero na nasa iyong ID card (**TTY: 711**)... ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Наберите номер, указанный на вашей карточке-удостоверении (**телетайп: 711**)... ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele nimewo ki sou kat idantite manm ou (**TTY: 711**)... ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le numéro figurant sur votre carte de membre (**ATS: 711**)... UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Proszę zadzwonić pod numer podany na karcie identyfikacyjnej (**TTY: 711**)... ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para o número presente em seu cartão de identificação (**TTY: 711**)... ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero che appare sulla tessera identificativa (**TTY: 711**)... ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Wählen Sie die Nummer, die sich auf Ihrer Versicherungskarte befindet (**TTY: 711**)... 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。お手持ちの ID カードに記載されている電話番号までご連絡ください (**TTY: 711**)...

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با شماره تلفن روی کارت شناسایی تان تماس بگیرید (**TTY: 711**)...

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hólq, námboo ninaaltsoos yézhí, bee nées ho'dółzin bikáá'ígíí bee hólne' (**TTY: 711**)...

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم الهاتف الموجود على بطاقة الهوية الخاصة بك (**TTY: 711**).

Humana Group Medicare Advantage PPO plan

You will be automatically enrolled

Dear Group Medicare Beneficiary,

We're excited to let you know that **County of Rensselaer** has asked Humana to offer you a Medicare Advantage and Prescription Drug Plan that gives you more benefits than Original Medicare.

At Humana, helping you achieve lifelong well-being is our mission. During our 30 years of experience with Medicare, we've learned how to be a better partner in health.

Learn more about the Humana Group Medicare plan

Review the enclosed materials. This packet includes information on your Group Medicare healthcare coverage along with extra services Humana provides.

- If you have questions about your premium, please visit the website: rensco.capben.com or email Beth Breen at Capital Benefits at: humana@capben.com.

How to enroll

- For enrollment information, please refer to the document titled "Important Enrollment Information," located in this packet.

We look forward to serving you now and for many years to come.

Sincerely,

Group Medicare Operations

We're here for you

Humana Group Medicare Customer Care

1-866-396-8810 (TTY: 711)

Monday – Friday, 8 a.m. – 9 p.m., Eastern time

Humana.com

Please call our Group Medicare Customer Care representatives if you have any questions about the plan or enrollment in the plan.

Our automated phone system may answer your call on weekends and some public holidays. Please leave your name and telephone number and we'll call you back by the end of the next business day.

Important Enrollment Information

The County of Rensselaer is enrolling you in the Humana Group Medicare preferred provider organization (PPO) plan. You do not need to do anything to be automatically enrolled in this Medicare health plan. If you do not want to join this plan, you can follow the instructions included below. You must do this before the date set by your benefit administrator. **Enrollment in this plan will end your enrollment in any Medicare Advantage plan that you are currently enrolled in.**

What do I need to know as a member of the Humana Group Medicare PPO plan?

This mailing includes important information about this plan and what it covers, including a Summary of Benefits document. Please review this information carefully.

Once enrolled, you will receive an Evidence of Coverage document (also known as a member contract or subscriber agreement) from the Humana Group Medicare PPO plan. Please read the document to learn about the plan's coverage and services. As a member of the Humana Group Medicare PPO plan, you can appeal plan decisions about payment or services if you disagree. Enrollment in this plan is generally for the entire year.

When your Humana Group Medicare PPO plan begins, Humana will cover all medically necessary items and services, even if you get the services out of network. However, your member cost share may be lower if you use in-network providers. "In-network" means that your doctor or provider is on our list of participating providers. "Out-of-network" means that you are using someone who isn't on this list. The exception is for emergency care, out of area dialysis services, or urgently needed services.

You must use network pharmacies to access Humana benefits, except under limited, non-routine circumstances when you can't reasonably use network pharmacies.

You must keep Medicare Parts A and B as the Humana Group Medicare plan is a Medicare Advantage plan. **You must also continue to pay your Part B premium. If you are assessed a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium.**

You can enroll in only one Medicare Advantage plan at a time. You must let us know if you think you might be enrolled in a different Medicare Advantage plan or a Medicare prescription drug plan and inform us of any prescription drug coverage that you may get in the future.

What happens if I don't join the Humana Group Medicare PPO plan?

You aren't required to be enrolled in this plan.

If you don't want to enroll or have enrollment questions, **please contact Beth Breen at Capital Benefits at 1-518-283-6650 ext. 1 no later than November 15, 2020. You can also send your questions via email to: humana@capben.com. This is the only Medicare plan offered through the County. If you choose not to enroll you will lose your eligibility for retiree health benefits now and in the future.**

If you choose to join a different Medicare plan, you can contact **1-800-MEDICARE** anytime, 24 hours a day, 7 days a week, for help in learning how. TTY users can call **1-877-486-2048**. Your state may have counseling services through the State Health Insurance Assistance Program (SHIP). They can provide

you with personalized counseling and assistance when selecting a plan, including Medicare Supplement plans, Medicare Advantage plans and prescription drug plans. They can also help you find medical assistance through your state Medicaid program and the Medicare Savings Program.

What if I want to leave the Humana Group Medicare PPO plan?

You can change or cancel your Humana coverage at any time and return to Original Medicare or another Medicare Advantage plan by using a special election. **If you choose to disenroll, please contact Beth Breen at Capital Benefits at 1-518-283-6650 ext. 1 or call 1-800-MEDICARE.**

What happens if I move?

The Humana Group Medicare PPO plan serves a specific service area. **If you move to another area or state, it may affect your plan.** It's important to contact your group benefits administrator, **Beth Breen at Capital Benefits at 1-518-283-6650 ext. 1** to notify of your new address and phone number.

Remember that if you leave this plan and don't have creditable prescription drug coverage (as good as Medicare's prescription drug coverage), you may have to pay a late enrollment penalty if you enroll in Medicare prescription drug coverage in the future.

Release of Information

By joining this Medicare Advantage plan, you give us permission to share your information with Medicare and other plans when needed for treatment, payment and health care operations. We do this to make sure you get the best treatment and to make sure that it is covered by the plan. Medicare may also use this information for research and other reasons allowed by Federal law.



2021

Summary of Benefits

**Humana Group Medicare Advantage PPO Plan
PPO 079/209**

County of Rensselaer

Humana®

Our service area includes specific counties within the United States, Puerto Rico and the Virgin Islands.



Let's talk about the **Humana Group Medicare Advantage PPO Plan.**

Find out more about the Humana Group Medicare Advantage PPO plan – including the services it covers – in this easy-to-use guide.

The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. For a complete list of services we cover, refer to the "Evidence of Coverage".

To be eligible

To join the Humana Group Medicare Advantage PPO plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

Humana Group Medicare Advantage PPO plan has a network of doctors, hospitals, and other providers. For more information, please call Group Medicare Customer Care.

Plan name:

Humana Group Medicare Advantage PPO plan

How to reach us:

Members should call toll-free
1-866-396-8810 for questions
(TTY/TDD 711)

Call Monday – Friday, 8 a.m. – 9 p.m.
Eastern Time.

Or visit our website: **Humana.com**



A healthy partnership

Get more from your plan — with extra services and resources provided by Humana!



Monthly Premium, Deductible and Limits

	IN-NETWORK	OUT-OF-NETWORK
PLAN COSTS		
Monthly premium You must keep paying your Medicare Part B premium.	For information concerning the actual premiums you will pay, please contact your employer group benefits plan administrator.	
Medical deductible	This plan does not have a deductible.	
Maximum out-of-pocket responsibility The most you pay for copays, coinsurance and other costs for medical services for the year.	<p>In-Network Maximum Out-of-Pocket \$3,400 out-of-pocket limit for Medicare-covered services. The following services do not apply to the maximum out-of-pocket: Part D Pharmacy, COVID-19 Care Package ; COVID-19 Testing ; COVID-19 Treatment ; Dental Services (Routine) ; Fitness Program ; Health Education Services ; Hearing Services (Routine) ; Meal Benefit ; Smoking Cessation (Additional) ; Vision Services (Routine) and the Plan Premium.</p> <p>If you reach the limit on out-of-pocket costs, we will pay the full cost for the rest of the year on covered hospital and medical services.</p>	<p>Combined In and Out-of-Network Maximum Out-of-Pocket \$3,400 out-of-pocket limit for Medicare-covered services. In-Network Exclusions: Part D Pharmacy, COVID-19 Care Package ; COVID-19 Testing ; COVID-19 Treatment ; Dental Services (Routine) ; Fitness Program ; Health Education Services ; Hearing Services (Routine) ; Meal Benefit ; Smoking Cessation (Additional) ; Vision Services (Routine) and the Plan Premium do not apply to the combined maximum out-of-pocket.</p> <p>Out-of-Network Exclusions: Part D Pharmacy, COVID-19 Testing ; COVID-19 Treatment ; Dental Services (Routine) ; Hearing Services (Routine) ; Vision Services (Routine) ; Worldwide Coverage and the Plan Premium do not apply to the combined maximum out-of-pocket.</p> <p>Your limit for services received from in-network providers will count toward this limit.</p> <p>If you reach the limit on out-of-pocket costs, we will pay the full cost for the rest of the</p>

Note: some services require prior authorization.



Monthly Premium, Deductible and Limits

IN-NETWORK

OUT-OF-NETWORK

year on covered hospital and medical services.



Covered Medical and Hospital Benefits

IN-NETWORK

OUT-OF-NETWORK

ACUTE INPATIENT HOSPITAL CARE

Our plan covers an unlimited number of days for an inpatient hospital stay. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.

\$0 per admit

\$0 per admit

OUTPATIENT HOSPITAL COVERAGE

Outpatient hospital visits

\$0 to **\$20** copay

\$0 to **\$20** copay

Ambulatory surgical center

\$0 copay

\$0 copay

DOCTOR OFFICE VISITS

Primary care provider (PCP)

\$10 copay

\$10 copay

Specialists

\$15 copay

\$15 copay

PREVENTIVE CARE

Including: Annual Wellness Visit, flu vaccine, colorectal cancer and breast cancer screenings. Any additional preventive services approved by Medicare during the contract year will be covered.

Covered at no cost.

\$0 copay for Medicare-covered preventive services

\$0 copay for a supplemental annual physical exam

EMERGENCY CARE

Emergency room

If you are admitted to the hospital within 24 hours for the same condition, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.

\$75 copay for Medicare-covered emergency room visit(s)

\$75 copay for Medicare-covered emergency room visit(s)

Note: some services require prior authorization.



Covered Medical and Hospital Benefits

	IN-NETWORK	OUT-OF-NETWORK
Urgently needed services Urgently needed services are care provided to treat a non-emergency, unforeseen medical illness, injury or condition that requires immediate medical attention.	\$10 to \$25 copay	\$10 to \$25 copay
DIAGNOSTIC SERVICES, LABS AND IMAGING		
Diagnostic radiology	\$10 to \$15 copay	\$10 to \$15 copay
Lab services	\$0 copay	\$0 copay
Diagnostic tests and procedures	\$0 to \$25 copay	\$0 to \$25 copay
Outpatient X-rays	\$10 to \$25 copay	\$10 to \$25 copay
Radiation therapy	\$15 copay	\$15 copay
HEARING SERVICES		
Medicare-covered hearing	\$15 copay	\$15 copay
Routine hearing	<ul style="list-style-type: none"> • \$0 copay for routine hearing exams up to 1 every 3 years. • \$600 combined in and out of network maximum benefit coverage amount for both hearing aid(s) (all types) up to 2 every 3 years. 	<ul style="list-style-type: none"> • \$0 copay for routine hearing exams up to 1 every 3 years. • \$600 combined in and out of network maximum benefit coverage amount for both hearing aid(s) (all types) up to 2 every 3 years. • Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.

Note: some services require prior authorization.



Covered Medical and Hospital Benefits

	IN-NETWORK	OUT-OF-NETWORK
DENTAL SERVICES		
Medicare-covered dental	\$15 copay	\$15 copay
Routine dental	<ul style="list-style-type: none"> \$250 combined maximum benefit coverage amount per year for preventive benefits including bitewing x-rays, fluoride treatment, intraoral x-rays, panoramic film or diagnostic x-rays up to 1 per year and periodic oral exam and/or comprehensive oral evaluation, prophylaxis (cleaning) up to 2 per year. 	<ul style="list-style-type: none"> \$250 combined maximum benefit coverage amount per year for preventive benefits including bitewing x-rays, fluoride treatment, intraoral x-rays, panoramic film or diagnostic x-rays up to 1 per year and periodic oral exam and/or comprehensive oral evaluation, prophylaxis (cleaning) up to 2 per year. Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.
VISION SERVICES		
Medicare-covered vision services	\$15 copay	\$15 copay
Medicare-covered diabetic eye exam	\$0 copay	\$0 copay
Medicare-covered glaucoma screening	\$0 copay	\$0 copay
Medicare-covered eyewear (post-cataract)	\$15 copay	\$15 copay
Routine vision	<ul style="list-style-type: none"> \$0 copay for refraction, routine exam up to 1 per year. \$100 combined maximum benefit coverage amount per year for contact lenses, eyeglasses-lenses and frames, fitting for eyeglasses-lenses and frames. 	<ul style="list-style-type: none"> \$0 copay for refraction, routine exam up to 1 per year. \$100 combined maximum benefit coverage amount per year for contact lenses, eyeglasses-lenses and frames, fitting for eyeglasses-lenses and frames. Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.

Note: some services require prior authorization.



Covered Medical and Hospital Benefits

	IN-NETWORK	OUT-OF-NETWORK
MENTAL HEALTH SERVICES		
Inpatient The inpatient hospital care limit applies to inpatient mental services provided in a general hospital. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital. 190 day lifetime limit in a psychiatric facility	\$0 per admit	\$0 per admit
Outpatient group and individual therapy visits	\$10 to \$25 copay	\$10 to \$25 copay
SKILLED NURSING FACILITY		
Our plan covers up to 100 days in a SNF.	\$0 copay per day for days 1-100	\$0 copay per day for days 1-100
No 3-day hospital stay is required. Plan pays \$0 after 100 days		
PHYSICAL THERAPY		
	\$15 copay	\$15 copay
AMBULANCE		
Per date of service regardless of the number of trips. Limited to Medicare-covered transportation.	\$100 copay	\$100 copay
PART B PRESCRIPTION DRUGS		
	\$0 to \$20 copay	\$0 to \$20 copay
ACUPUNCTURE SERVICES		
Medicare-covered acupuncture	\$15 copay Limit 20 visit(s) per year	\$15 copay Limit 20 visit(s) per year
ALLERGY		
Allergy shots & serum	\$10 to \$15 copay	\$10 to \$15 copay
CHIROPRACTIC SERVICES		
Medicare-covered chiropractic visit(s)	\$15 copay	\$15 copay

Note: some services require prior authorization.



Covered Medical and Hospital Benefits

	IN-NETWORK	OUT-OF-NETWORK
COVID-19		
Testing and Treatment	\$0 copay for testing and treatment services for COVID-19	
Health Essentials Kit	Kit includes over the counter items useful for preventing the spread of COVID-19 and other viruses. Limited one per year.	
DIABETES MANAGEMENT TRAINING		
	\$0 copay	\$0 copay
FOOT CARE (PODIATRY)		
Medicare-covered foot care	\$15 copay	\$15 copay
HOME HEALTH CARE		
	\$0 copay	\$0 copay
MEDICAL EQUIPMENT/SUPPLIES		
Durable medical equipment (like wheelchairs or oxygen)	\$20 copay or 20% of the cost	\$20 copay or 20% of the cost
Medical supplies	\$20 copay or 20% of the cost	\$20 copay or 20% of the cost
Prosthetics (artificial limbs or braces)	20% of the cost	20% of the cost
Diabetes monitoring supplies	\$0 copay or 20% of the cost	\$0 copay or 20% of the cost
OUTPATIENT SUBSTANCE ABUSE		
Outpatient group and individual substance abuse treatment visits	\$10 to \$25 copay	\$10 to \$25 copay
REHABILITATION SERVICES		
Occupational and speech therapy	\$15 copay	\$15 copay
Cardiac rehabilitation	\$15 copay	\$15 copay
Pulmonary rehabilitation	\$15 copay	\$15 copay
RENAL DIALYSIS		
Renal dialysis	\$15 copay	\$15 copay
Kidney disease education services	\$0 copay	\$0 copay
TELEHEALTH SERVICES (in addition to Original Medicare)		
Primary care provider (PCP)	\$0 copay	Not Covered
Specialist	\$15 copay	Not Covered

Note: some services require prior authorization.



Covered Medical and Hospital Benefits

	IN-NETWORK	OUT-OF-NETWORK
Urgent care services	\$0 copay	Not Covered
Substance abuse or behavioral health services	\$0 copay	Not Covered

FITNESS AND WELLNESS

SilverSneakers® Fitness Program - Basic fitness center membership including fitness classes.

HOSPICE

You must get care from a Medicare-certified hospice. You must consult with your plan before you select hospice.

Note: some services require prior authorization.

Important!

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- You may file a complaint, also known as a grievance:
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618.
If you need help filing a grievance, call **1-866-396-8810** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019, 800-537-7697 (TDD)**. Complaint forms are available at **<https://www.hhs.gov/ocr/office/file/index.html>**.
- **California residents:** You may also call California Department of Insurance toll-free hotline number: **1-800-927-HELP (4357)**, to file a grievance.

Auxiliary aids and services, free of charge, are available to you. 1-866-396-8810 (TTY: 711)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

Language assistance services, free of charge, are available to you.

1-866-396-8810 (TTY: 711)

Español (Spanish): Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

繁體中文 (Chinese): 撥打上面的電話號碼即可獲得免費語言援助服務。

Tiếng Việt (Vietnamese): Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

한국어 (Korean): 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

Tagalog (Tagalog – Filipino): Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

Русский (Russian): Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

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Polski (Polish): Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

Português (Portuguese): Ligue para o número acima indicado para receber serviços linguísticos, grátis.

Italiano (Italian): Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

日本語 (Japanese): 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

فارسی (Farsi)

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

Diné Bizaad (Navajo): Wóda'í béésh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé nika'adoowoł.

العربية (Arabic)

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك



Find out **more**



You can see your plan's provider directory at **Humana.com** or call us at the number listed at the beginning of this booklet and we will send you one.

Humana is a Medicare Advantage PPO plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal.

If you want to compare our plan with other Medicare health plans, you can call your employer or union sponsoring this plan to find out if you have other options through them.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Humana[®]

Humana.com

2021

Prescription Drug Summary of Benefits

**Humana Group Medicare Advantage Plan
Rx 450**

County of Rensselaer

Humana®

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Let's talk about the **Humana Group Medicare Advantage Rx Plan.**

Find out more about the Humana Group Medicare Advantage Rx plan – including the services it covers – in this easy-to-use guide.

The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. For a complete list of services we cover, refer to the "Evidence of Coverage".



Deductible

Pharmacy (Part D) deductible

This plan does not have a deductible.



Prescription Drug Benefits

Initial coverage (after you pay your deductible, if applicable)

You pay the following until your total yearly drug costs reach **\$4,130**. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

Tier	Standard Retail Pharmacy	Standard Mail Order
30-day supply		
1 (Generic or Preferred Generic)	\$0 copay	\$0 copay
2 (Preferred Brand)	\$20 copay	\$20 copay
3 (Non-Preferred Drug)	\$35 copay	\$35 copay
4 (Specialty Tier)	\$35 copay	\$35 copay
90-day supply		
1 (Generic or Preferred Generic)	\$0 copay	\$0 copay
2 (Preferred Brand)	\$40 copay	\$40 copay
3 (Non-Preferred Drug)	\$70 copay	\$70 copay
4 (Specialty Tier)	N/A	N/A

There may be generic and brand-name drugs, as well as Medicare-covered drugs, in each of the tiers. To identify commonly prescribed drugs in each tier, see the Prescription Drug Guide/Formulary.

ADDITIONAL DRUG COVERAGE

Original Medicare excluded drugs

Certain drugs excluded by Original Medicare are covered under this plan. You pay the cost share associated with the tier level for certain Vitamins/Minerals, Weight Loss, Erectile Dysfunction drugs. The amount you pay when you fill a prescription for these drugs does not count towards qualifying you for the Catastrophic Coverage stage. Contact Humana Group Medicare Customer Care at the phone number on the back of your membership card for more details.

Coverage Gap

Most Medicare drug plans have a coverage gap (also called the "donut hole"). The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches **\$4,130**.

You will continue to pay the same amount as when you were in the initial coverage stage.

Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach **\$6,550**, you pay the greater of:

- **\$3.70** for generic (including brand drugs treated as generic) and a **\$9.20** copay for all other drugs, or
- **5%** coinsurance (**\$0** maximum out-of-pocket per prescription for tier 1 drugs, **\$20** maximum out-of-pocket per prescription for tier 2 drugs, **\$35** maximum out-of-pocket per prescription for tier 3 drugs and **\$35** maximum out-of-pocket per prescription for tier 4 drugs for a one-month supply).

[illegible]

[illegible]

Important!

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, marital status or religion. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618.
If you need help filing a grievance, call **1-866-396-8810** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019, 800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.
- **California residents:** You may also call California Department of Insurance toll-free hotline number: **1-800-927-HELP (4357)**, to file a grievance.

Auxiliary aids and services, free of charge, are available to you.
1-866-396-8810 (TTY: 711)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

Language assistance services, free of charge, are available to you.
1-866-396-8810 (TTY: 711)

Español (Spanish): Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

繁體中文 (Chinese): 撥打上面的電話號碼即可獲得免費語言援助服務。

Tiếng Việt (Vietnamese): Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

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العربية (Arabic)

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك



Find out **more**



You can see your plan's pharmacy directory at **<https://www.humana.com/finder/pharmacy/>** or call us at the number listed at the beginning of this booklet and we will send you one.

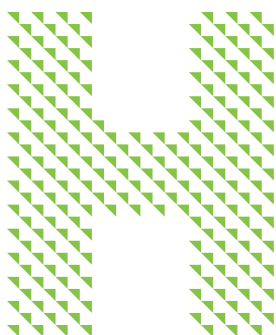
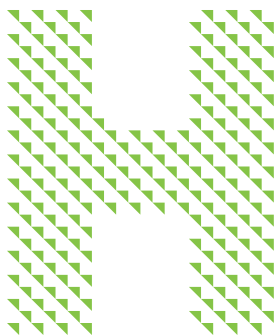


You can see your plan's drug formulary at **www.humana.com/medicaredruglist** or call us at the number listed at the beginning of this booklet and we will send you one.

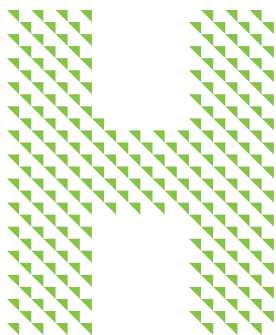
Humana is a Medicare Advantage HMO, PPO organization and a stand-alone prescription drug plan with a Medicare contract. Enrollment in any Humana plan depends on contract renewal.

Humana[®]

Humana.com



2021 Group Medicare Advantage PPO Plan



Humana®

We can't wait to care for you

At Humana, we know that people are different, and need our support in different ways. Your Medicare Advantage PPO with prescription drug plan coverage will center around you, your health and your goals. After you enroll, we'll mail you an Evidence of Coverage booklet that will have all the plan information and details, including a full list of benefits.

What is Medicare?

Medicare is a federal health insurance program for U.S. citizens and legal residents who are 65 and older or qualify due to a disability. You must be entitled to Medicare Part A and enrolled in Medicare Part B as the Humana Group Medicare PPO plan is a Medicare Advantage plan. You must also continue paying Medicare Part B premiums to remain enrolled in this plan.

Humana offers you a Medicare Advantage PPO

A PPO offers

- **All the benefits of Original Medicare, plus extra benefits**
- Maximum out-of-pocket protections
- Worldwide emergency coverage
- Programs to help improve health and well-being

Dedicated team and more

- **Your benefit levels are the same for in-network and out-of-network providers**
- Large network of providers, specialists and hospitals to pick from
- You don't need a referral to see any healthcare provider
- Coverage for office visits, including routine physical exams
- Almost no claim forms to fill out or mail—we take care of that for you
- Dedicated Customer Care specialists who serve only our Group Medicare members

Humana offers you a Medicare Advantage PPO with prescription drug plan which offers:

A large network

There are more than 66,000 participating pharmacies in our network.

Maximize Your Benefit® Rx

We want to make sure medication costs aren't keeping you from the care you need. Humana tells you, by telephone and mail, how to save on prescription drugs by switching to ones that cost less.

Almost no claims paperwork

The plan works with your pharmacist to handle claims for you.

Pharmacy finder

An online tool that helps you find pharmacies. It also tells you how far they are from you, the hours they're open, if they have a drive-through available, if they offer emergency Rx, delivery options and if they have bilingual employees.

Discover a more human way to healthcare

Coverage that fits the way you live

When you become a Humana member, you can expect healthcare designed with you in mind—that meets you where you are today and delivers care that takes you to where you want to be.

Care delivered how and where you need it

We can help you manage complex or chronic health conditions. A Humana nurse can meet you at home, in the hospital, by phone or email to provide valuable support and help you reduce complications.

Benefits that put you first

Our health and well-being tools and resources make it easy to set health goals, chart your progress, strengthen your mind and body and build connections with others. It's about giving you everything you expect from an insurance company—and then finding more ways to help make your life better.

PARTS OF MEDICARE

Medicare Part A

HOSPITAL INSURANCE

It helps cover medically necessary inpatient care in a hospital or skilled nursing facility. It also helps cover some home healthcare and hospice care.

Medicare Part B

MEDICAL INSURANCE

It helps cover medically necessary providers' services, outpatient care and other medical services and supplies. Part B also helps cover some preventive services.

Medicare Part C

MEDICARE ADVANTAGE PLANS

These are available through private insurance companies, such as Humana. Medicare Part C helps cover everything medically necessary that Part A and Part B cover, including hospital and medical services. You still have Medicare if you elect Medicare Part C coverage. You must be entitled to Medicare Part A and enrolled in Part B to be eligible for a Medicare Part C plan.

Medicare Part D

PRESCRIPTION DRUG COVERAGE

Like Part C Medicare Advantage plans, Part D is only available through private companies, such as Humana. Many Part C Medicare Advantage plans include Medicare Part D prescription drug coverage. Part D helps pay for the medications your provider prescribes.



Build healthy provider relationships

Your relationship with your provider is important in protecting and managing your health.

With the Humana Group Medicare PPO plan, you can use any provider who accepts Medicare and agrees to bill Humana. Your benefit plan coverage remains the same, even if you receive care from an out-of-network provider.

If you decide to seek care from an out-of-network provider, your share of the costs may be higher if the benefit is a coinsurance amount instead of a copayment. Refer to your Summary of Benefits, located in this packet, for more information.

Why choose a Humana network provider?

- Humana Medicare PPO network providers must take payment from Humana for treating plan members.
- Network providers coordinate with Humana, which makes it easier to share information. Patients may have a better experience when providers share information this way.
- Humana supplies in-network providers with information about services and programs available to patients with chronic conditions.

Is your provider in Humana's provider network?

Humana respects your relationship with your provider. We want you to be able to select a provider who's close to home and who can focus on your specific needs. If you need help finding a provider, call our Group Medicare Customer Care team or use our online directory. Humana's online provider lookup is an easy way to find doctors, hospitals and other healthcare providers in Humana's network:

- Go to **Humana.com** and select "Find a doctor"
- Get provider phone numbers, addresses and directions
- Customize your search by specialty, location and name

Is your pharmacy in Humana's network?

Your relationship with your pharmacist is important in protecting and managing your health. You must use network pharmacies to enjoy the benefits of our plan except in an emergency.

Pharmacies in the network have agreed to work with Humana to fill prescriptions for our members. If you use a pharmacy outside the network, your costs may be higher.

Our pharmacy network includes mail delivery, specialty, retail, long-term care, home infusion, and Indian, tribal and urban pharmacies.

You can find a complete list of network pharmacies at MyHumana, your personal, secure online account at **Humana.com** and the MyHumana Mobile app.* Get printable maps and directions, along with many more details to find a pharmacy that fits your needs. Other information at **Humana.com/pharmacy/medicare/tools** includes:

- Printable Drug Lists
- Prior authorization information
- Maximize Your Benefit Rx

Medical preauthorization

For certain services and procedures, your provider or hospital may need to get advance approval from Humana before your plan will cover any costs. This is called prior authorization or preauthorization. Providers or hospitals will submit the preauthorization request to Humana. If your provider hasn't done this, please call our Customer Care team, as Humana may not be able to pay for these services.

*Standard data rates may apply.

VIRTUAL VISITS / TELEMEDICINE

Connect with a provider or behavioral health professional virtually

Care when you need it

Your healthcare should always begin with your primary care provider or behavioral health specialist.

Your primary care provider and your specialist may offer virtual visits as another convenient way to be treated by your care team.

What are virtual visits?

Virtual visits connect you with your provider via telephone or video chat using your phone, tablet* or laptop*. They allow you to get help with chronic condition management, follow-up care after an in-office visit, medication reviews and refills and much more, just like an in-office visit.

When should I use it?

- For a nonemergency issue, instead of going to the emergency room (ER) or an urgent care center.
- For nonemergency mental and behavioral health conditions (by appointment).



Remember, when you have a life-threatening injury or major trauma, call 911.



What kinds of conditions can be treated?

Providers can help with chronic condition management, follow-up care after an in-office visit, medication reviews and refills in addition to many other conditions including but not limited to:

- Allergies
- Fever
- Cold and flu symptoms
- Sore throat
- Constipation
- Sinus infection
- Diarrhea
- Insect bites
- Depression, anxiety, stress and family and relationship counseling



Call your provider to find out if they offer virtual visits and if so, what you need to do to get started.

If you don't have a primary care provider or if your PCP doesn't offer virtual visits, you can use the "Find a doctor" tool on **Humana.com** or call the number on the back of your member ID card to get connected with a provider that offers this service.

*Standard data rates may apply.

Knowing how your coverage works can save you from paying out of your pocket for vaccines

The Medicare Part D portion of your plan covers all commercially available vaccines—except for those covered by Part B—as long as the vaccine is reasonable and necessary to prevent illness.

Get vaccines like the ones listed below at your providers office

The Medicare Part B portion of your plan pays for the following vaccines at your provider's office and at the pharmacy: influenza (flu) vaccine—once per season; pneumococcal vaccines; hepatitis B vaccines for persons at increased risk of hepatitis and vaccines directly related to the treatment of an injury or direct exposure to a disease or condition, such as rabies and tetanus.

Get vaccines like the ones listed below at a network pharmacy

If you get them at your provider's office, you'll pay the full cost of the vaccine out of pocket. Some common vaccines that you should get at your pharmacy, not from your provider, are shingles, Tdap and hepatitis A.

Understanding your diabetes coverage

At Humana, we make it easy for you to understand your benefits and get what you need to manage your condition.

Diabetes prescriptions and supplies, Part B vs. Part D

Medicare Part B

- Diabetic testing supplies
- Insulin pumps
- Insulin administered (or used) in insulin pumps

Medicare Part D

- Diabetes medications
- Insulin administered (or used) with syringes or pens
- Syringes, pen needles or other insulin administration devices that are not durable medical equipment (e.g., Omnipod or VGO)

Diabetic testing supplies

Your Humana Medicare Advantage Plan helps cover a variety of diabetic glucose testing supplies. Humana Pharmacy® is the preferred durable medical equipment (DME) vendor for the products, and offers the meters listed below and their test strips and lancets:

Roche Accu-Chek Guide Me®, Roche Accu-Chek Guide and HP® True Metrix® AIR by Trividia.

To order a meter and supplies from Humana Pharmacy, call **1-877-222-5084 (TTY: 711)**, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.

Your doctor can also send prescriptions for meters and other testing supplies by fax or e-prescribe. You can also request a no-cost meter from the manufacturer by calling Roche at **1-877-264-7263 (TTY: 711)**, or Trividia Health at **1-866-788-9618 (TTY: 711)**, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.

Go to **Humana.com/Diabetes** to learn more about managing your diabetes. MyDiabetesPath® offers a complete guide to living with diabetes and gives you the information and resources to help you stay healthy.

HUMANA PHARMACY

More and more Humana members are finding Humana Pharmacy to be their choice for value, experience, safety, accuracy, convenience and service.

Why choose Humana Pharmacy?

- **Savings.** Many Humana plans provide cost savings if you fill a 90-day supply* of your maintenance medicine through a mail-delivery pharmacy, instead of a retail pharmacy. Additionally, the pharmacy team works with you and your provider to find medicine that costs less.
- **Experienced pharmacy team.** Pharmacists are available to answer questions about your medicine and our services.
- **Safe and accurate.** Two pharmacists check your new prescriptions to make sure they're safe to take with your other medications. The dispensing equipment and heat-sealed bottles with tamper-resistant foil help ensure quality and safety. Plus, your order comes in plain packaging for additional security.
- **Timely reminders.** To help make sure you have the medicine and supplies you need when you need them, we can remind you when it's time to refill your medicine. Just set your preferences when you sign up at **HumanaPharmacy.com**.
- **Time-saving mail delivery.** Your medicine will be shipped safely and securely to the location of your choice. That means no more trips to the pharmacy. No more waiting in lines to pick up your medicine. No more hassle. You may be able to order just four times a year and have more time to do the things you enjoy.

Make Humana Pharmacy your one source

Maintenance medicine. Medicine you take all the time for conditions like high cholesterol, high blood pressure and asthma.

Specialty medicine. Specialized therapies to treat chronic or complex illnesses like rheumatoid arthritis and cancer.

Visit **HumanaPharmacy.com**

After you become a Humana member, you can sign in with your MyHumana identification number or register to get started. You can also sign up by calling **1-800-379-0092 (TTY: 711)**, Monday – Friday, 8 a.m. – 11 p.m., Eastern time, and Saturday, 8 a.m. – 6:30 p.m., Eastern time.

Online

HumanaPharmacy.com. Start a new prescription, order refills, check on your order and get information about how to get started.

Provider

Let your provider know he or she can send prescriptions electronically through e-prescribe. Providers can also fill out the fax form by downloading it from **HumanaPharmacy.com/forms** and faxing the prescription to Humana Pharmacy at **1-800-379-7617** or Humana Specialty Pharmacy® at **1-877-405-7940**.

Mail

Download the “Registration & Prescription Order Form” from **HumanaPharmacy.com/forms** and mail your paper prescriptions to:

Humana Pharmacy
P.O. Box 745099
Cincinnati, OH 45274-5099

Phone

For maintenance medicine, call Humana Pharmacy at **1-800-379-0092 (TTY: 711)**, Monday – Friday, 8 a.m. – 11 p.m., Eastern time, and Saturday, 8 a.m. – 6:30 p.m., Eastern time.

For specialty medicine, call Humana Specialty Pharmacy at **1-800-486-2668 (TTY: 711)**, Monday – Friday, 8 a.m. – 11 p.m., Eastern time, and Saturday, 8 a.m. – 6:30 p.m., Eastern time.

Humana Pharmacy Mobile app

HumanaPharmacy.com/about/mobile-apps.cmd

Download our Humana Pharmacy app from the iTunes App Store or Google Play. Sign in or select “Transfer Rx as guest” from the home screen.

*Some prescriptions are only available in a 30-day supply.



Preferred generic and generic drugs

Essentially the same drugs, usually priced differently

Have the same active ingredients as brand-name drugs and are prescribed for the same reasons. The Food and Drug Administration (FDA) requires generic drugs to have the same quality, strength, purity and stability as brand-name drugs. Your cost for generic drugs is usually lower than your cost for brand-name drugs.



Preferred drug

A medicine available to you for less than nonpreferred

Generic or brand-name drugs that Humana offers at a lower cost to you than nonpreferred drugs.

Nonpreferred drug

A more expensive drug than preferred

More expensive generic or brand-name prescription drugs that Humana offers at a higher cost to you than preferred drugs.



Specialty

Drugs for specific uses

Some injectable and other high-cost drugs.



MEDICATION THERAPY MANAGEMENT

Medication therapy management

As part of your Medicare Part D coverage with Humana, you might be able to take part in a program called Medication Therapy Management (MTM) at no extra cost. MTM may help you to:

- Know more about getting the greatest benefit from your medications
- Reduce risk by learning how to avoid harmful side effects
- Possibly save money by finding lower-cost alternatives to prescribed medications

Who's eligible?

Members are chosen for MTM using the following Centers for Medicare & Medicaid Services (CMS) and Humana criteria:

- Have three of the five multiple chronic conditions:
 - Congestive heart failure (CHF)
 - Dyslipidemia (high or low LDL cholesterol)
 - Diabetes
 - Chronic obstructive pulmonary disease (COPD)
 - Osteoporosis
- Take at least eight chronic/maintenance Part D drugs
- Spend more than \$4,376 on prescription drugs per calendar year

How does the program work?

MTM offers additional information in the SmartSummary that can help to manage medications and drug costs. Members also get a face-to-face or phone consultation with a healthcare professional to talk about their medications.

Scheduling a consultation

If you qualify for MTM, you will receive an invitation letter and see a note in your SmartSummary to call the MTM call center. If you think you qualify but don't see the note, please call the group Medicare Customer Care phone number. Although the MTM program is a special service offered at no cost to Medicare members, it is not considered a benefit.



It's about giving you more: more time getting to know you, more services—some that you expect and many that you don't—and more ways to help you live the way you want.

Important information about your prescription drug coverage

Some drugs covered by Humana may have requirements or limits on coverage. These requirements and limits may include prior authorization, step therapy or quantity limits. You can visit **Humana.com** to register or sign in and select Pharmacy or call Humana's Group Medicare Customer Care team to check coverage on the medications you take.

Prior authorization

The Humana Group Medicare Plan requires you or your provider to get prior authorization for certain drugs. This means that you will need to get approval from the Humana Group Medicare Plan before you fill your prescriptions. The reason a prior authorization is required can vary depending on the medication. Humana will work with your provider when a prior authorization is required.

If your provider prescribes a drug that needs prior authorization, please be sure the prior authorization has been submitted to Humana before the prescription is filled. The Centers for Medicare & Medicaid Services (CMS) requires a turnaround time of 72 hours for a prior authorization. However, an expedited review can be requested by your provider if waiting 72 hours may be harmful to you.

Step therapy

In some cases, the Humana Group Medicare Plan requires that you first try certain drugs to treat your medical condition before coverage is available for a more expensive drug prescribed to treat your medical condition. For example, if Drug A and Drug B both treat your medical condition, the Humana Group Medicare Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, the Humana Group Medicare Plan can then cover Drug B.

A step therapy prescription can be filled once the necessary requirements are met. If you have already tried other medications that did not provide the desired clinical results, or you had an adverse reaction, your provider may submit this information to Humana for consideration in meeting the step therapy requirements.

Quantity limits

For some drugs, the Humana Group Medicare Plan limits the quantity of the drug that is covered. The Humana Group Medicare Plan might limit how many refills you can get or quantity of a drug you can get each time you fill your prescription. For example, if it's normally considered safe to take only one pill per day for a certain drug, we may limit coverage for your prescription to no more than one pill per day. Specialty drugs are limited to a 30-day supply regardless of tier placement.

One-time transition fill

For certain drugs typically requiring prior authorization or step therapy, Humana will cover a one-time, 30-day supply of your Part D covered drug during the first 90 days of your enrollment. Once you have received the transition fill* for your prescription requiring a prior authorization or step therapy, you'll receive a letter from Humana telling you about the requirements or limits on the prescription. The letter will also advise that you will need to get approval before future refills will be covered. A prior authorization will need to be approved or other alternative medicines should be tried if the medication requires step therapy.

*Some drugs do not qualify for a transitional fill, such as drugs that require a Part B vs D determination, CMS Excluded drugs, or those that require a diagnosis review to determine coverage.

Next steps for you

1. Visit **Humana.com/Pharmacy** or call the Customer Care number on the back of your Humana member ID card to see if your medications have quantity limits, or require a prior authorization or step therapy.
2. Talk to your provider about your drugs if they require prior authorization, step therapy is needed or has quantity limits.
3. If you have questions about your prescription drug benefits, please call our Customer Care number on the back of your Humana member ID card.

What should your provider do to meet quantity limits, prior authorization or step therapy drug requirements?

- Go online to **Humana.com/Provider** and visit our provider prior authorization page. This page has a printable form that can be mailed or faxed to Humana.
- Call **1-800-555-2546 (TTY: 711)** to speak with our Humana Clinical Pharmacy Review team. They are available Monday – Friday, 8 a.m. – 6 p.m., Eastern time.

Remember: Before making a change, you should always talk about treatment options with your provider.



Whether you choose a pharmacy from our large network or order your medicines through the mail, Humana's prescription drug coverage fits your life. We'll even give you suggestions for saving money.



Extras that can help you improve your overall well-being, at no additional cost.

EXTRA BENEFITS

SilverSneakers

SilverSneakers® gives you access to exercise equipment, group fitness classes and social events.

- Use thousands of fitness locations nationwide, with weights, swimming, classes and cardio equipment*,†
- Make friends and enjoy social activities
- Work toward improving muscle strength, bone density, flexibility and balance
- Enjoy group fitness classes outside traditional gyms†
- Start workout programs tailored to your level with the SilverSneakers GO™ app
- Try SilverSneakers On-Demand™ online workout videos that feature tips on fitness and nutrition

Visit **SilverSneakers.com/StartHere** to get your SilverSneakers ID number and find a convenient location near you, or call **1-888-423-4632 (TTY: 711)**, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.

*Participating locations (“PL”) are not owned or operated by Tivity Health, Inc. or its affiliates. Use of PL facilities and amenities are limited to terms and conditions of PL basic membership. Facilities and amenities vary by PL.

†Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer members additional classes. Classes vary by location.

Humana At Home

Supports qualifying members with both short-term and long-term services that can help them remain independent at home. Humana At HomeSM care managers support members by providing education about chronic conditions and medication adherence, helping with discharge instructions, accessing community resources, finding social support and more, all included in the plan at no additional cost.

Visit **Humana.com/caremgmt** or call **1-800-432-4803 (TTY: 711)**, Monday – Friday, 8:30 a.m. – 5:30 p.m., Eastern time

Humana Well Dine® meal program

After your inpatient stay in a hospital or nursing facility, you’re eligible to receive 2 meals per day for 7 days, up to 14 nutritious meals delivered to your door at no additional cost to you. Limited to 4 times per year.

For more information, please contact the number on the back of your Humana member ID card.

COMMUNICATIONS

Communication counts

As soon as you receive your Humana member ID card, go to **Humana.com** and register for MyHumana. This is your personal, secure online account that allows you to access your specific plan details from your computer or smartphone.

The MyHumana Mobile app

If you have an iPhone or Android, download the MyHumana Mobile app.* You'll have your plan details with you at all times.

Visit **Humana.com/mobile-apps** to learn about our many mobile apps, the app features and how to use them.

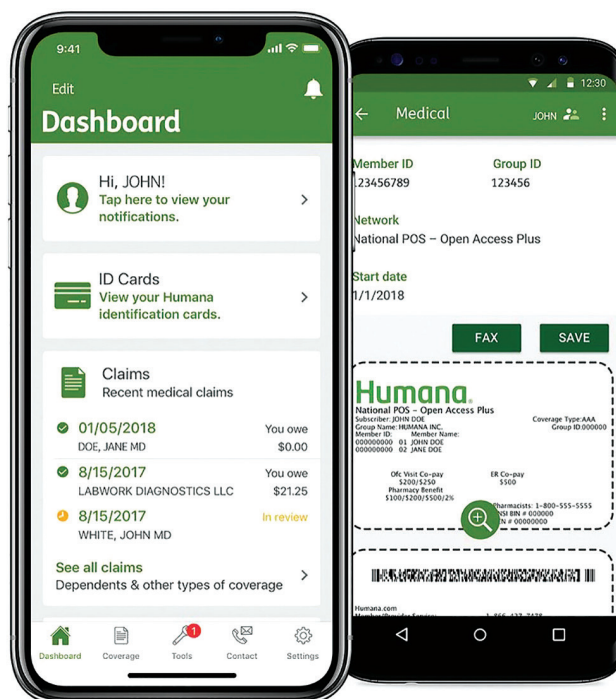
With MyHumana and the MyHumana Mobile app, you can:

- Review your plan benefits and claims
- Find pharmacies in your network
- Find providers in your network
- Compare drug prices
- Access digital ID cards
- Establish communication preferences

Connect with us on Facebook

Find healthcare information for Medicare members and caregivers to help in your pursuit of lifelong well-being at **facebook.com/Humana**.

*Standard data rates may apply.



Humana connects you with online tools that put your plan information at your fingertips and make using your coverage easier.



ALLIES IN WELL-BEING

Choose a caregiver to help you

Everyone needs a little help now and then. We're happy to work with you and whomever you designate as a helper. Many people trust a family member or close friend to help them with their healthcare—someone who may help you talk with us about your insurance plan, keep track of your benefits and claims, or ask healthcare questions on your behalf.

Visit **Humana.com/caregiver** to learn more about naming a caregiver and how to submit the Consent for Release of Protected Health Information (PHI) form.

Consent forms

We need your permission to share your personal information with someone else. To give your permission, you'll need to read and sign a consent form.

Here are the ways you can do that:

- Fill out and submit the form online once you have registered on MyHumana
- Print the form from **Humana.com/PHI** and return it by following the instructions on the form
- Call us and we'll mail the form to you to complete and return

A signed consent form allows insurers to share health plan information and protected health information with your designated helper. It's different from granting medical power of attorney, which allows someone to make decisions about your care.



Making sure your helpers can help you—so you can focus on living your life.

SMART SUMMARY

Your personalized benefits statement

We make it easy for you to understand, track, manage and possibly save money on your healthcare with SmartSummary®. You'll receive this statement after each month you've had a medical and/or prescription claim. You can also sign into MyHumana and see your past SmartSummary statement anytime.

SmartSummary helps you:

- Understand your total healthcare picture
- Manage your monthly and yearly healthcare costs
- Engage with your providers by having a list of the healthcare services you receive
- Learn about preventive care, health conditions, treatment options and ways to help reduce health expenses

SmartSummary includes:

- Numbers to watch – SmartSummary shows your total drug costs for the month and year-to-date. It also shows how much of these costs your plan paid and how much you paid—so you can see the value of your prescription benefits.
- Personalized messages – SmartSummary gives you tips on saving money on the prescription drugs you take, information about changes in prescription copayments and how to plan ahead.
- Your Rx record – A personalized prescription manager tells you more about your prescription medications, including information about dosage and the prescribing provider. It also has a refill calendar that helps you know the date of your next refill. This page can be useful to take to your provider appointments or to your pharmacist.
- Healthcare news relevant for you – SmartSummary personalizes a news section to let you know about things you can do for your health, including medicines and treatments for health problems.



**We make it
easy for you
to understand,
track, manage
and possibly save
money on your
healthcare.**

FREQUENTLY ASKED QUESTIONS

Do I need to show my red, white and blue Medicare card when I visit the doctor?

No. You'll get a Humana member ID card that will take its place. Keep your Medicare ID card in a safe place—or use it only when it's needed for discounts and other offers from retailers.

What should I do if I move or have a temporary address change?

If you move to another area or state, it may affect your plan. It's important to contact your group benefits administrator for details and call to notify Humana of the move.

What should I do if I have to file a claim?

Call Humana Group Medicare Customer Care for more information and assistance. To request reimbursement for a charge you paid for a service, send the provider's itemized receipt and the Health Benefits Claim Form (also available at **Humana.com**) to the claims address on the back of your Humana member ID card. Make sure the receipt includes your name and Humana member ID number.

What if I have other health insurance coverage?

If you have other health insurance, show your Humana member ID card and your other insurance cards when you see a healthcare provider. The Humana Group Medicare plan may be eligible in combination with other types of health insurance coverage you may have. This is called coordination of benefits. Please notify Humana if you have any other medical coverage.

When does my coverage begin?

Your former employer or union decides how and when you enroll. Check with your benefits administrator for the proposed effective date of your enrollment. Be sure to keep your current healthcare coverage until your Humana Group Medicare PPO plan enrollment is confirmed.

What if my service needs a prior authorization?

If your medical service or medication requires a prior authorization, your provider can contact Humana to request it. You can call Customer Care if you have questions regarding what medical services and medications require prior authorization.

What if my provider says they will not accept my plan?

If your provider says they will not accept your PPO plan, you can give your provider the "Group Medicare Provider Information" flyer in the pocket of this booklet. It explains how your PPO plan works. You can also call Customer Care and have a Humana representative contact your provider and explain how your PPO plan works.

What should I do if I need prescriptions filled before I receive my Humana member ID card?

If you need to fill a prescription after your coverage begins but before you receive your Humana member ID card, take a copy of your temporary proof of membership to any in-network pharmacy.

How can I get help with my drug plan costs?

People with limited incomes may qualify for assistance from the Extra Help program to pay for their prescription drug costs. To see if you qualify for Extra Help, call **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, seven days a week. If you use a TTY, call **1-877-486-2048**. You can also call the Social Security Administration at **1-800-772-1213**. If you use a TTY, call **1-800-325-0778**. Your state's Medical Assistance (Medicaid) Office may also be able to help, or you can apply for Extra Help online at **www.socialsecurity.gov**.

MEDICAL INSURANCE TERMS AND DEFINITIONS

Coinsurance

Your share of the cost after deductible

A percentage of your medical and drug costs that you may pay out of your pocket for services after you pay any plan deductible.

Copayment

What you pay at the provider's office for medical services

The set dollar amount you pay when you receive medical services or have a prescription filled.

Deductible

What you pay up front

The amount you pay for healthcare before your plan begins to pay for your benefits.

Exclusions and limitations

Anything not covered or covered under limited situations or conditions

Specific conditions or circumstances that aren't covered under a plan.

Maximum out-of-pocket

The most you'll spend before your plan pays 100% of the cost

The most you would have to pay for services covered by a health plan, including deductibles, copays and coinsurance. If and when you reach your annual out-of-pocket limit, the Humana Group Medicare plan pays 100% of the Medicare-approved amount for most covered medical charges.

Network

Your plan's contracted medical providers

A group of healthcare providers contracted to provide medical services at discounted rates. The providers include doctors, hospitals and other healthcare professionals and facilities.

Plan discount

A way Humana helps you save money

Amount you are not responsible for due to Humana's negotiated rate with provider.

Premium

The regular monthly payment for your plan

The amount you and/or your employer regularly pay for Medicare or Medicare Advantage coverage.

Catastrophic coverage

What you pay for covered drugs after reaching \$6,550

Once your out-of-pocket costs reach the \$6,550 maximum, you pay a small coinsurance or a small copayment for covered drug costs until the end of the plan year.

Coinsurance

Your share of your prescription's cost

This is a percentage of the total cost of a drug you pay each time you fill a prescription.

Copayment

What you pay at the pharmacy for your prescription

The set dollar amount you pay when you fill a prescription.

Deductible

Your cost for Part D prescription drugs before the plan pays

The amount you pay for Part D prescription drugs before the plan begins to pay its share.

Exclusions and limitations

Anything not covered

Specific conditions or circumstances that aren't covered under a plan.

Formulary

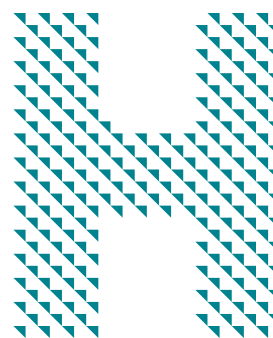
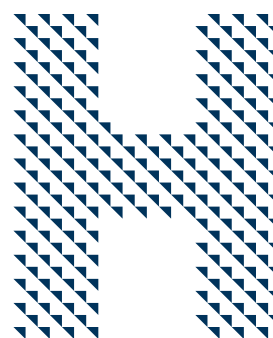
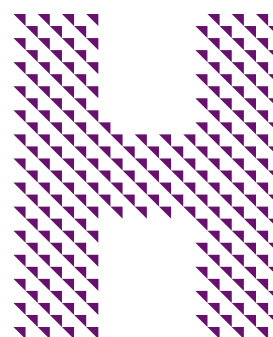
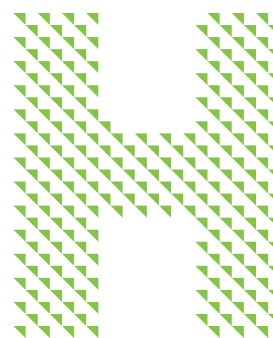
Drugs covered under your plan

A list of drugs approved for coverage under the plan. Also called a Drug List.

Out-of-pocket

Portion of costs you pay

Amount you may have to pay for most plans, including deductibles, copays and coinsurance.

[illegible]

Humana®

Only for Humana members

A FUN WAY TO EARN REWARDS FOR MAKING HEALTHIER CHOICES



Welcome to Go365® by Humana, the wellness program that rewards you for completing eligible healthy activities.



IT'S PART OF YOUR HUMANA MEDICARE PLAN

There's no extra charge – it's included in your plan.

Just sign in at [Humana.com](https://www.humana.com) and click on Go365. From there, you'll be able to view your Go365 dashboard, track your activities and manage your connected activity trackers. You may also submit the paper forms enclosed in your paper packet.



EARN REWARDS YOU CAN REDEEM FOR GIFT CARDS

More healthy activities = more gift cards for you.

Complete healthy activities like walking, getting your Annual Wellness Exam, or volunteering to earn rewards to redeem for gift cards. Once you've earned at least \$10 in rewards, choose your gift cards from the list of options in the Go365 Mall.



REGISTER ON MyHUMANA

Now it's time to get going with Go365.

To track your activities online anytime you wish, register at [humana.com/registration](https://www.humana.com/registration). Once you've signed in, click Go365 from your dashboard - it's that easy. Request paper materials by calling the number on the back of your Humana Member ID card.

TRACK YOUR EXERCISE PROGRAM THE EASY WAY

To earn \$5 in rewards for exercise, complete at least 8 or more workouts a month. To earn \$10 in rewards for exercise, complete 16 or more workouts a month. Here are three easy ways to track and earn:

- 1. Attend a participating SilverSneakers® Fitness class**
to earn rewards automatically. Your reward may take up to 45 days to show up in your Go365 account.
- 2. Connect a compatible activity tracker to Go365**, log at least 500 steps a day, and earn automatic rewards for workouts.
- 3. Log your workouts online** or use a paper workout tracker to record your exercise, and return it to us each month to earn your reward.

FIND Go365 COMPATIBLE ACTIVITY TRACKERS

Go365 is compatible with activity trackers from a variety of manufacturers like Fitbit and Garmin. For a full list, sign in to [Humana.com](https://www.humana.com) or call the number on the back of your Humana ID card.



[Humana.com](https://www.humana.com)

Join the Go365 support community
community.medicare.Go365.com

EARN HEALTHY REWARDS WITH THESE HEALTHIER CHOICES

Choose activities to help you get healthy, active, or involved and earn rewards for each one you complete. Your rewards can be redeemed for gift cards in the Go365 Mall.

Activity	Reward	Activity limit
GET HEALTHY: Preventive screenings		
Annual Wellness Exam	\$25	1 per year
Mammogram	\$30	1 per year
Colorectal screening	\$30	1 per year
Cardiovascular disease screening	\$10	1 per year
Bone density screening	\$20	once every 2 years
Flu shot	\$10	1 per year
Your reward will show up automatically in your Go365 account if billed through your Humana medical or pharmacy plan. This can take up to 90 days.		
GET INVOLVED: Social and educational activities		
Attend a “Humana in your community” class	\$5	12 times per year (\$60 annual maximum)
Athletic event ¹ (e.g. 5k walk/run, cycling)	\$5	
Volunteering ¹	\$5	
Connect virtually with friends or family ¹	\$5	
Go365 Community post (community.medicare.Go365.com)	\$5	
Health education seminar class ¹	\$5	
GET ACTIVE: Exercise and fitness		
8-15 workouts per month - SilverSneakers®, connected activity tracker (minimum of 500 steps/day) or paper workout tracker	\$5	Once per month (\$120 annual maximum)
16 or more workouts per month	\$10	

The monetary amounts shown above represent the value of the reward earned for completing the activity, not actual dollars.

¹You will be required to fill out and submit a Go365 activity form to receive your reward for these activities. The forms can be found when you sign in at Humana.com or by requesting paper materials. The monetary amounts shown above represent the value of the reward earned for completing the activity. Rewards have no cash value.

You must redeem your rewards in the program year they are earned. Any rewards that are not redeemed by 12/31 will be forfeited. Rewards have no cash value.

Some items may be discontinued in the Go365 Mall and new items may be added. For the most updated list, visit Go365.com.

In accordance with the federal requirement of the Centers for Medicare & Medicaid Services, no amounts on the gift cards shall be used to purchase covered medical supplies or prescription drugs nor are they redeemable for cash.

The merchants represented are not sponsors of Go365 or otherwise affiliated with Go365. The logos and other identifying marks attached are trademarks of and owned by each represented company and/or its affiliates. Please visit each company’s website for additional terms and conditions.

Important!

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, marital status, or religion. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618
If you need help filing a grievance, call **1-877-320-1235** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.
- **California residents:** You may also call California Department of Insurance toll-free hotline number: **1-800-927-HELP (4357)**, to file a grievance.

Auxiliary aids and services, free of charge, are available to you. 1-877-320-1235 (TTY: 711)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

Language assistance services, free of charge, are available to you. 1-877-320-1235 (TTY: 711)

Español (Spanish): Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

繁體中文 (Chinese): 撥打上面的電話號碼即可獲得免費語言援助服務。

Tiếng Việt (Vietnamese): Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

한국어 (Korean): 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

Tagalog (Tagalog - Filipino): Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

Русский (Russian): Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

Kreyòl Ayisyen (French Creole): Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

Français (French): Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

Polski (Polish): Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

Português (Portuguese): Ligue para o número acima indicado para receber serviços linguísticos, grátis.

Italiano (Italian): Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

日本語 (Japanese): 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

فارسی (Farsi)

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

Diné Bizaad (Navajo): Wóda'í béésh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé nika'adoowoł.

العربية (Arabic)

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

GCHJV5REN 0220

Take this to your provider

Having a provider you're happy with can play an important role in your health and meeting your needs.

What if my doctor says they do not accept Humana insurance?

Give this flyer to your provider

Once you are a member of the Humana Group Medicare Preferred Provider Organization (PPO) plan, sharing this information can help your provider understand how this plan works.

Don't forget to take your Humana member ID card to your first appointment as well.



A message for your provider

Humana will provide coverage for this retiree under a Group Medicare PPO plan. This member's in-network and out-of-network benefits are the same. This means you can provide services to this retiree or any member of this plan if you are a provider who is eligible to participate in Medicare.

Contracted healthcare providers – If you're a Humana Medicare Employer PPO-contracted healthcare provider, you'll receive your contracted rate.

Out-of-network healthcare providers – Humana is dedicated to an easy transition. If you're a provider who is eligible to participate in Medicare, you can treat and receive payment for your Humana-covered patients who have this plan. Humana pays providers according to the Original Medicare fee schedule less any member plan responsibility.

If you need more information about our claims processes or about becoming a Humana Medicare Employer PPO-contracted provider, call Provider Relations at **1-800-626-2741**, Monday – Friday, 8 a.m. – 5 p.m., Central time.

NOTE: This number is not for patient use. Patients, please call the Group Medicare Customer Care number on the back of your Humana member ID card.



The in-network and out-of-network benefits are structured the same for any member of this plan.

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<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at **U.S. Department of Health and Human Services**,

200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019**,

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Language assistance services, free of charge, are available to you. Call the number on your ID card (TTY: 711)

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call the number on your ID card (**TTY: 711**)... ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que figura en su tarjeta de identificación (**TTY: 711**)... 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電會員卡上的電話號碼 (**TTY: 711**)... CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số điện thoại ghi trên thẻ ID của quý vị (**TTY: 711**)... 주의 : 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. ID 카드에 적혀 있는 번호로 전화해 주십시오 (**TTY: 711**)... PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tawagan ang numero na nasa iyong ID card (**TTY: 711**)... ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Наберите номер, указанный на вашей карточке-удостоверении (**телетайп: 711**)... ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele nimewo ki sou kat idantite manm ou (**TTY: 711**)... ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le numéro figurant sur votre carte de membre (**ATS: 711**)... UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Proszę zadzwonić pod numer podany na karcie identyfikacyjnej (**TTY: 711**)... ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para o número presente em seu cartão de identificação (**TTY: 711**)... ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero che appare sulla tessera identificativa (**TTY: 711**)... ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Wählen Sie die Nummer, die sich auf Ihrer Versicherungskarte befindet (**TTY: 711**)... 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。お手持ちの ID カードに記載されている電話番号までご連絡ください (**TTY: 711**)...

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با شماره تلفن روی کارت شناسایی تان تماس بگیرید (**TTY: 711**)...

Díí baa akó nínizin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hólq, námboo ninaaltsoos yézhí, bee nées ho'dółzin bikáá'ígíí bee hólne' (**TTY: 711**)...

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم الهاتف الموجود على بطاقة الهوية الخاصة بك (**TTY: 711**).

Prescription Drug Guide

Humana Medicare Employer Plan Abbreviated Formulary

Partial list of covered drugs

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION
ABOUT SOME OF THE DRUGS WE COVER IN THIS PLAN.

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This abridged formulary was updated on 10/21/2020 and is not a complete list of drugs covered by our plan. For a complete listing, or other questions, please contact Humana Medicare Employer Plan at the number on the back of your membership card or, for TTY users, 711, Monday through Friday, from 8 a.m. - 9 p.m. Eastern Time. The automated phone system may answer your call on Saturdays, Sundays, and some public holidays. Please leave your name and telephone number, and we'll call you back by the end of the next business day, or visit **Humana.com**.

Instructions for getting information about all covered drugs are inside.

Humana®

Welcome to Humana Medicare Employer Plan!

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take. When this drug list (formulary) refers to "we," "us", or "our," it means Humana. When it refers to "plan" or "our plan," it means the Humana Medicare Employer Plan. This document includes a partial list of the drugs (formulary) for our plan which is current as of January 1, 2021. For a complete, updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages. You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1 of each year, and from time to time during the year.

What is the abridged Humana Medicare Employer formulary?

A formulary is the entire list of covered drugs or medicines selected by the Humana Medicare Employer Plan. The terms formulary and Drug List may be used interchangeably throughout communications regarding changes to your pharmacy benefits. The Humana Medicare Employer Plan worked with a team of doctors and pharmacists to make a formulary that represents the prescription drugs we think you need for a quality treatment program. The Humana Medicare Employer Plan will generally cover the drugs listed in the formulary as long as the drug is medically necessary, the prescription is filled at a Humana Medicare Employer Plan network pharmacy, and other plan rules are followed. For more information on how to fill your medicines, please review your Evidence of Coverage.

This document is a partial formulary, which means it includes only some of the drugs covered by the Humana Medicare Employer Plan. To search the complete list of all prescription drugs Humana covers, you can visit **[Humana.com/medicaredruglist](https://www.humana.com/medicaredruglist)**. The Drug List Search tool lets you search for your drug by name or drug type.

If you're thinking about enrolling in a Humana Medicare Employer Plan and need help or a complete list of covered drugs, call the Group Medicare Customer Care number listed in your enrollment materials. If you're a current member, call the number or visit the website listed in your Annual Notice of Change (ANOC) or Evidence of Coverage (EOC), or call the number on the back of your Humana member identification card Monday through Friday, from 8 a.m. - 9 p.m. Eastern Time. The automated phone system may answer your call on Saturdays, Sundays, and some public holidays. Please leave your name and telephone number, and we'll call you back by the end of the next business day.

Can the formulary change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year, move them to different cost sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes.

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the Formulary?"
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

We'll notify members who are affected by the following changes to the formulary:

- When a drug is removed from the formulary
- When prior authorization, quantity limits, or step-therapy restrictions are added to a drug or made more restrictive
- When a drug is moved to a higher cost sharing tier

If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2021 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

What if you're affected by a Drug List change?

We'll notify you by mail at least 30 days before one of these changes happens or we will provide a 30-day refill of the affected medicine with notice of the change.

The enclosed formulary is current as of January 1, 2021. We'll update the printed formularies each month and they'll be available on **[Humana.com/medicaredruglist](https://www.humana.com/medicaredruglist)**.

To get updated information about the drugs that Humana covers, please visit **[Humana.com/medicaredruglist](https://www.humana.com/medicaredruglist)**. The Drug List Search tool lets you search for your drug by name or drug type.

How do I use the formulary?

There are two ways to find your drug in the formulary:

Medical condition

The formulary starts on page 10. We've put the drugs into groups depending on the type of medical conditions that they're used to treat. For example, drugs that treat a heart condition are listed under the category "Cardiovascular Agents." If you know what medical condition your drug is used for, look for the category name in the list that begins on page 10. Then look under the category name for your drug. The formulary also lists the Tier and Utilization Management Requirements for each drug (see page 5 for more information on Utilization Management Requirements).

Alphabetical listing

If you're not sure about your drug's group, you should look for your drug in the Index that begins on page 33. The Index is an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed. Look in the Index to search for your drug. Next to each drug, you'll see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of the drug in the first column of the list.

Prescription drugs are grouped into one of four tiers.

The Humana Medicare Employer Plan covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

- **Tier 1 - Generic or Preferred Generic:** Generic or brand drugs that are available at the lowest cost share for the plan
- **Tier 2 - Preferred Brand:** Generic or brand drugs that the plan offers at a higher cost to you than Tier 1 Generic or Preferred Generic, and at a lower cost to you than Tier 3 Non-Preferred Drug
- **Tier 3 - Non-Preferred Drug:** Generic or brand drugs that the plan offers at a higher cost to you than Tier 2 Preferred Brand drug
- **Tier 4 - Specialty Tier:** Some injectables and other high-cost drugs

How much will I pay for covered drugs?

The Humana Medicare Employer Plan pays part of the costs for your covered drugs and you pay part of the costs, too.

The amount of money you pay depends on:

- Which tier your drug is on
- Whether you fill your prescription at a network pharmacy
- Your current drug payment stage - please read your Evidence of Coverage (EOC) for more information

If you qualified for extra help with your drug costs, your costs may be different from those described above. Please refer to your Evidence of Coverage (EOC) or call Group Medicare Customer Care to find out what your costs are.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These are called Utilization Management Requirements. These requirements and limits may include:

- **Prior Authorization (PA):** The Humana Medicare Employer Plan requires you to get prior authorization for certain drugs to be covered under your plan. This means that you'll need to get approval from the Humana Medicare Employer Plan before you fill your prescriptions. If you don't get approval, the Humana Medicare Employer Plan may not cover the drug.
- **Quantity Limits (QL):** For some drugs, the Humana Medicare Employer Plan limits the amount of the drug that is covered. The Humana Medicare Employer Plan might limit how many refills you can get or how much of a drug you can get each time you fill your prescription. For example, if it's normally considered safe to take only one pill per day for a certain drug, we may limit coverage for your prescription to no more than one pill per day. Some drugs are limited to a 30-day supply regardless of tier placement.
- **Step Therapy (ST):** In some cases, the Humana Medicare Employer Plan requires that you first try certain drugs to treat your medical condition before coverage is available for another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, the Humana Medicare Employer Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, the Humana Medicare Employer Plan will then cover Drug B.
- **Part B versus Part D (B vs D):** Some drugs may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted to the Humana Medicare Employer Plan that describes the use and the place where you receive and take the drug so a determination can be made.

For drugs that need prior authorization or step therapy, or drugs that fall outside of quantity limits, your health care provider can fax information about your condition and need for those drugs to the Humana Medicare Employer Plan at **1-877-486-2621**. Representatives are available Monday - Friday, 8 a.m. - 8 p.m.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 10.

You can also visit [Humana.com/medicaredruglist](https://www.humana.com/medicaredruglist) to get more information about the restrictions applied to specific covered drugs.

You can ask the Humana Medicare Employer Plan to make an exception to these restrictions or limits. See the section "**How do I request an exception to the formulary?**" on page 6 for information about how to request an exception.

What if my drug isn't on the formulary?

If your drug isn't included in this list of covered drugs, visit [Humana.com/medicaredruglist](https://www.humana.com/medicaredruglist) to see if your plan covers your drug. You can also call Group Medicare Customer Care and ask if your drug is covered.

If the Humana Medicare Employer Plan doesn't cover your drug, you have two options:

- You can ask Group Medicare Customer Care for a list of similar drugs that the Humana Medicare Employer Plan covers. Show the list to your doctor and ask him or her to prescribe a similar drug that is covered by the Humana Medicare Employer Plan.
- You can ask the Humana Medicare Employer Plan to make an exception and cover your drug. See below for information about how to request an exception.

Talk to your health care provider to decide if you should switch to another drug that is covered or if you should request a formulary exception so that it can be considered for coverage.

How do I request an exception to the formulary?

You can ask the Humana Medicare Employer Plan to make an exception to the coverage rules. There are several types of exceptions that you can ask to be made.

- **Formulary exception:** You can request that your drug be covered if it's not on the formulary. If approved, this drug will be covered at a pre-determined cost sharing level, and you would not be able to ask us to provide the drug at a lower cost sharing level.
- **Utilization restriction exception:** You can request coverage restrictions or limits not be applied to your drug. For example, if your drug has a quantity limit, you can ask for the limit not to be applied and to cover more doses of the drug.
- **Tier exception:** You can request a higher level of coverage for your drug. For example, if your drug is usually considered a non-preferred drug, you can request it to be covered as a preferred drug instead. This would lower how much money you must pay for your drug. Please remember a higher level of coverage cannot be requested for the drug if approval was granted to cover a drug that was not on the formulary.

Generally, the Humana Medicare Employer Plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost sharing drug, or other restrictions wouldn't be as effective in treating your health condition and/or would cause adverse medical effects.

You should contact us to ask for an initial coverage decision for a formulary, tier, or utilization restriction exception.

When you ask for an exception, you should submit a statement from your health care provider that supports your request. This is called a supporting statement.

Generally, we must make the decision within 72 hours of receiving your health care provider's supporting statement. You can request a fast, or expedited, exception if you or your health care provider thinks your health would seriously suffer if you wait as long as 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get your health care provider's supporting statement.

Will my plan cover my drugs if they are not on the formulary?

You may take drugs that your plan doesn't cover. Or, you may talk to your provider about taking a different drug that your plan covers, but that drug might have a Utilization Management Requirement, such as a Prior Authorization or Step Therapy, that keeps you from getting the drug right away. In certain cases, we may cover as much as a 30-day supply of your drug during the first 90 days you're a member of the plan.

Here is what we'll do for each of your current Part D drugs that aren't on the formulary, or if you have limited ability to get your drugs:

- We'll temporarily cover a 30-day supply of your drug unless you have a prescription written for fewer days (in which case we will allow multiple fills to provide up to a total of 30 days of a drug) when you go to a pharmacy.
- There will be no coverage for the drugs after your first 30-day supply, even if you've been a member of the plan for less than 90 days, unless a formulary exception has been approved.

If you're a resident of a long-term care facility and you take Part D drugs that aren't on the formulary, we'll cover a 31-day supply unless you have a prescription written for fewer days (in which case we will allow multiple fills to provide up to a total of 31 days of a drug) during the first 90 days you're a member of our plan. We'll cover a 31-day emergency supply of your drug unless you have a prescription for fewer days (in which we will allow multiple fills to provide up to a total of 31 days of a drug) while you request a formulary exception if:

- You need a drug that's not on the formulary *or*
- You have limited ability to get your drugs *and*
- You're past the first 90 days of membership in the plan

Throughout the plan year, your treatment setting (the place where you receive and take your medicine) may change. These changes include:

- Members who are discharged from a hospital or skilled-nursing facility to a home setting
- Members who are admitted to a hospital or skilled-nursing facility from a home setting
- Members who transfer from one skilled-nursing facility to another and use a different pharmacy
- Members who end their skilled-nursing facility Medicare Part A stay (where payments include all pharmacy charges) and who now need to use their Part D plan benefit
- Members who give up Hospice Status and go back to standard Medicare Part A and B coverage
- Members discharged from chronic psychiatric hospitals with highly individualized drug regimens

For these changes in treatment settings, the Humana Medicare Employer Plan will cover as much as a 31-day temporary supply of a Part D-covered drug when you fill your prescription at a pharmacy. If you change treatment settings multiple times within the same month, you may have to request an exception or prior authorization and receive approval for continued coverage of your drug. The Humana Medicare Employer Plan will review requests for continuation of therapy on a case-by-case basis understanding when you're on a stabilized drug regimen that, if changed, is known to have risks.

Transition extension

The Humana Medicare Employer Plan will consider on a case-by-case basis an extension of the transition period if your exception request or appeal hasn't been processed by the end of your initial transition period. We'll continue to provide necessary drugs to you if your transition period is extended.

A Transition Policy is available on Humana's Medicare website, **Humana.com**, in the same area where the Prescription Drug Guides are displayed.

Humana Pharmacy® makes it easy to manage your prescriptions with mail delivery solutions

You may be able to fill your medicines through Humana Pharmacy – Humana's mail-delivery pharmacy. You can have your maintenance medicines, specialty medicines, or supplies mailed to a place that's most convenient for you. You should get your new prescription by mail in 7 – 10 days after Humana Pharmacy has received your prescription and all the necessary information. Refills should arrive within 5 – 7 days. To get started or learn more, visit hprxweb.com. You can also call Humana Pharmacy at 1-855-899-3134 (TTY: 711) Monday – Friday, 8 a.m. to 11 p.m., and Saturday, 8 a.m. to 6:30 p.m., Eastern time.

Other pharmacies are available in our network.

For More Information

For more detailed information about your Humana Medicare Employer Plan prescription drug coverage, please read your Evidence of Coverage (EOC) and other plan materials.

If you have questions about Humana, please visit our website at **[Humana.com/medicaredruglist](https://www.humana.com/medicaredruglist)**. The Drug List Search tool lets you search for your drug by name or drug type.

If you have general questions about Medicare prescription drug coverage, please call Medicare at **1-800-MEDICARE (1-800-633-4227)** 24 hours a day, seven days a week. TTY users should call **1-877-486-2048**. You can also visit **www.medicare.gov**.

Humana Medicare Employer Plan Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by the Humana Medicare Employer Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 33.

Remember: This is only a partial list of drugs covered by Humana. If your prescription drug isn't listed in this partial formulary, please visit our website at **Humana.com**. Our additional contact information is listed on the previous page.

Your Humana Medicare Employer plan has additional coverage of some drugs. These drugs aren't normally covered under Medicare Part D and aren't subject to the Medicare appeals process. These drugs are listed separately on page 30.

How to read your formulary

The first column of the chart lists categories of medical conditions in alphabetical order. The drug names are then listed in alphabetical order within each category. Brand-name drugs are CAPITALIZED and generic drugs are listed in lower-case italics. Next to the drug name you may see an indicator to tell you about additional coverage information for that drug. You might see the following indicators:

DL - Dispensing Limit; Drugs that may be limited to a 30 day supply, regardless of tier placement.

MO - Drugs that are typically available through mail-order. Please contact your mail-order pharmacy to make sure your drug is available.

The second column lists the tier of the drug. See page 5 for more details on the drug tiers in your plan.

The third column shows the Utilization Management Requirements for the drug. The Humana Medicare Employer Plan may have special requirements for covering that drug. If the column is blank, then there are no utilization requirements for that drug. The supply for each drug is based on benefits and whether your health care provider prescribes a supply for 30, 60, or 90 days. The amount of any quantity limits will also be in this column (Example: "QL - 30 for 30 days" means you can only get 30 doses every 30 days). See page 5 for more information about these requirements.

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
Analgesics		
acetaminophen-cod #3 tablet DL	1	QL (360 per 30 days)
celecoxib 100 mg, 200 mg, 400 mg, 50 mg capsule MO	1	QL (60 per 30 days)
diclofenac sod ec 25 mg, 50 mg, 75 mg tab MO	1	
diclofenac sodium 1% gel MO	1	
fentanyl 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour patch; fentanyl 37.5 mcg/hr patch; fentanyl 62.5 mcg/hr patch; fentanyl 87.5 mcg/hr patch DL	1	QL (20 per 30 days)
hydrocodone-acetamin 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg; hydrocodone-acetamin 2.5-325; hydrocodone-acetamin 7.5-325 DL	1	QL (360 per 30 days)
ibuprofen 400 mg, 600 mg, 800 mg tablet MO	1	
meloxicam 15 mg tablet MO	1	QL (30 per 30 days)
morphine sulf er 15 mg, 30 mg, 60 mg tablet DL	1	QL (120 per 30 days)
naproxen 250 mg, 375 mg, 500 mg tablet; naproxen dr 250 mg, 375 mg, 500 mg tablet MO	1	
oxycodone hcl 10 mg, 15 mg, 20 mg, 30 mg, 5 mg tablet DL	1	QL (360 per 30 days)
oxycodon-acetaminophen 2.5-325; oxycodon-acetaminophen 7.5-325; oxycodon-acetaminophen 10-325; oxycodon-acetaminophen 5-325 DL	1	QL (360 per 30 days)
tramadol hcl 50 mg tablet DL	1	QL (240 per 30 days)
XTAMPZA ER 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG CAPSULE SPRINKLE DL	2	QL (60 per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
NARCAN 4 MG/ACTUATION NASAL SPRAY MO	2	QL (2 per 30 days)
VIVITROL 380 MG INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE DL	4	QL (1 per 28 days)
ZUBSOLV 0.7 MG-0.18 MG SUBLINGUAL TABLET; ZUBSOLV 1.4 MG-0.36 MG SUBLINGUAL TABLET; ZUBSOLV 2.9 MG-0.71 MG SUBLINGUAL TABLET; ZUBSOLV 5.7 MG-1.4 MG SUBLINGUAL TABLET MO	1	QL (90 per 30 days)
ZUBSOLV 11.4 MG-2.9 MG SUBLINGUAL TABLET MO	1	QL (30 per 30 days)
ZUBSOLV 8.6 MG-2.1 MG SUBLINGUAL TABLET MO	1	QL (60 per 30 days)
Antibacterials		
amoxicillin 250 mg, 500 mg capsule MO	1	
amox-clav 250-125 mg, 500-125 mg, 875-125 mg tablet MO	1	
azithromycin 250 mg, 500 mg, 600 mg tablet MO	1	
BETHKIS 300 MG/4 ML SOLUTION FOR NEBULIZATION DL	4	PA
cefdinir 300 mg capsule MO	1	
cephalexin 250 mg, 500 mg, 750 mg capsule MO	1	
ciprofloxacin hcl 100 mg, 250 mg, 500 mg, 750 mg tab MO	1	
clindamycin hcl 150 mg, 300 mg, 75 mg capsule MO	1	

Need more information about the indicators displayed by the drug names? Please go to page 9.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD - Maintenance Drug • DL - Dispensing Limit

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
daptomycin 350 mg, 500 mg vial DL	4	
DIFICID 200 MG TABLET DL	4	
doxycycline hyclate 100 mg, 50 mg cap MO	1	
imipenem-cilastatin 250 mg, 500 mg vial MO	1	
levofloxacin 250 mg, 500 mg, 750 mg tablet MO	1	
meropenem iv 1 gm vial; meropenem iv 1 gram, 500 mg vial MO	1	
meropenem-0.9% nacl 1 gram/50; meropenem-0.9% nacl 500 mg/50 MO	1	
metronidazole 250 mg, 500 mg tablet MO	1	
nafcillin 1 gm add-van vial; nafcillin 1 gm vial; nafcillin 10 gm bulk vial; nafcillin 2 gm add-vant vial; nafcillin 2 gm vial MO	1	
nafcillin 1 gm/ 50 ml inj; nafcillin 2 gm/ 100 ml inj DL	4	
nitrofurantoin mono-mcr 100 mg MO	1	
NUZYRA 100 MG INTRAVENOUS SOLUTION DL	4	B vs D
NUZYRA 150 MG TABLET DL	4	QL (30 per 14 days)
piperacil-tazobact 13.5 gm vial; piperacil-tazobact 13.5 gram, 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram; piperacil-tazobact 2.25 gm vial; piperacil-tazobact 3.375 gm vial; piperacil-tazobact 4.5 gm vial MO	1	
polymyxin b sulfate vial MO	1	
sulfamethoxazole-tmp ds tablet; sulfamethoxazole-tmp ss tablet MO	1	
vanco 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml-0.9% nacl; vancomycin 1 g/200ml-0.9% nacl MO	3	
Anticonvulsants		
divalproex sod dr 125 mg, 250 mg, 500 mg tab MO	1	
divalproex sod er 250 mg, 500 mg tab MO	1	
gabapentin 100 mg, 300 mg, 400 mg capsule MO	1	QL (270 per 30 days)
lamotrigine 100 mg, 150 mg, 200 mg, 25 mg (21) -50 mg (7), 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg, 50 mg (42) -100 mg (14) tablet; lamotrigine odt 100 mg, 150 mg, 200 mg, 25 mg, 25 mg (21) -50 mg (7), 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg, 50 mg (42) -100 mg (14) tablet; lamotrigine odt kit (blue); lamotrigine odt kit (green); lamotrigine odt kit (orange); lamotrigine tab start kit-blue; lamotrigine tab start kt-green; lamotrigine tab start kt-orang MO	1	
levetiracetam 1,000 mg, 500 mg, 750 mg tablet MO	1	
topiramate 100 mg, 200 mg, 50 mg tablet MO	1	QL (120 per 30 days)
VIMPAT 10 MG/ML ORAL SOLUTION MO	3	QL (1395 per 30 days)
VIMPAT 100 MG, 150 MG, 200 MG, 50 MG TABLET MO	3	QL (60 per 30 days)
VIMPAT 200 MG/20 ML INTRAVENOUS SOLUTION MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ANTIDEMENTIA AGENTS		
donepezil hcl 10 mg tablet MO	1	QL (60 per 30 days)
donepezil hcl 10 mg, 23 mg, 5 mg tablet; donepezil hcl odt 10 mg, 23 mg, 5 mg tablet MO	1	QL (30 per 30 days)
memantine hcl 10 mg, 5 mg tablet MO	1	PA,QL (60 per 30 days)
NAMZARIC 14 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE; NAMZARIC 21 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE; NAMZARIC 28 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE; NAMZARIC 7 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE MO	2	QL (30 per 30 days)
NAMZARIC 7/14/21/28 MG-10 MG CAPSULE,SPRINKLE,EXTEND RELEASE,DOSE PACK MO	2	QL (28 per 28 days)
Antidepressants		
amitriptyline hcl 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg tab MO	1	
bupropion hcl sr 150 mg tablet MO	1	QL (90 per 30 days)
bupropion hcl xl 300 mg tablet MO	1	QL (60 per 30 days)
citalopram hbr 20 mg tablet MO	1	QL (60 per 30 days)
duloxetine hcl dr 20 mg, 30 mg, 40 mg, 60 mg cap MO	1	QL (60 per 30 days)
escitalopram 10 mg tablet MO	1	QL (45 per 30 days)
fluoxetine hcl 10 mg, 40 mg capsule MO	1	QL (60 per 30 days)
fluoxetine hcl 20 mg capsule MO	1	QL (120 per 30 days)
mirtazapine 15 mg, 30 mg, 45 mg, 7.5 mg tablet MO	1	
paroxetine hcl 10 mg, 20 mg tablet MO	1	QL (30 per 30 days)
paroxetine hcl 30 mg, 40 mg tablet MO	1	QL (60 per 30 days)
sertraline hcl 100 mg tablet MO	1	QL (60 per 30 days)
sertraline hcl 25 mg, 50 mg tablet MO	1	QL (90 per 30 days)
trazodone 100 mg, 150 mg, 300 mg, 50 mg tablet MO	1	
TRINTELLIX 10 MG, 20 MG, 5 MG TABLET MO	3	ST,QL (30 per 30 days)
venlafaxine hcl er 150 mg cap MO	1	QL (60 per 30 days)
venlafaxine hcl er 75 mg cap MO	1	QL (90 per 30 days)
Antiemetics		
meclizine 12.5 mg, 25 mg tablet MO	1	
ondansetron odt 4 mg, 8 mg tablet MO	1	B vs D,QL (90 per 30 days)
ondansetron hcl 4 mg, 8 mg tablet MO	1	B vs D,QL (90 per 30 days)
promethazine 12.5 mg, 25 mg, 50 mg tablet MO	1	
SANCUSO 3.1 MG/24 HOUR TRANSDERMAL PATCH MO	3	QL (4 per 30 days)
Antifungals		
clotrimazole-betamethasone crm MO	1	QL (180 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
fluconazole 100 mg, 150 mg, 200 mg, 50 mg tablet MO	1	
ketoconazole 2% shampoo MO	1	QL (120 per 30 days)
nystatin 100,000 unit/gm cream MO	1	
Antigout Agents		
allopurinol 100 mg, 300 mg tablet MO	1	
MITIGARE 0.6 MG CAPSULE MO	2	
ANTIMIGRAINE AGENTS		
AIMOVIG AUTOINJECTOR 140 MG/ML SUBCUTANEOUS AUTO-INJECTOR MO	3	PA,QL (1 per 30 days)
AIMOVIG AUTOINJECTOR 70 MG/ML SUBCUTANEOUS AUTO-INJECTOR MO	3	PA,QL (2 per 30 days)
AIMOVIG 140 MG DOSE-2 AUTOINJ MO	3	PA,QL (2 per 30 days)
EMGALITY PEN 120 MG/ML SUBCUTANEOUS PEN INJECTOR MO	3	PA,QL (2 per 30 days)
EMGALITY 120 MG/ML SUBCUTANEOUS SYRINGE MO	3	PA,QL (2 per 30 days)
EMGALITY 300 MG/3 ML (100 MG/ML X 3) SUBCUTANEOUS SYRINGE MO	3	PA,QL (3 per 30 days)
sumatriptan succ 100 mg, 25 mg, 50 mg tablet MO	1	QL (9 per 30 days)
Antineoplastics		
AFINITOR 10 MG, 2.5 MG, 5 MG, 7.5 MG TABLET DL	4	PA,QL (30 per 30 days)
AFINITOR DISPERZ 2 MG, 3 MG, 5 MG TABLET FOR ORAL SUSPENSION DL	4	PA
ALUNBRIG 180 MG, 90 MG, 90 MG (7)- 180 MG (23) TABLET; ALUNBRIG 90 MG (7)-180 MG (23) TABLETS IN A DOSE PACK DL	4	PA,QL (30 per 30 days)
ALUNBRIG 30 MG TABLET DL	4	PA,QL (180 per 30 days)
CABOMETYX 20 MG, 40 MG, 60 MG TABLET DL	4	PA,QL (30 per 30 days)
ERIVEDGE 150 MG CAPSULE DL	4	PA,QL (28 per 28 days)
ERLEADA 60 MG TABLET DL	4	PA,QL (120 per 30 days)
HERCEPTIN 150 MG, 440 MG INTRAVENOUS SOLUTION; HERCEPTIN 150 MG, 440 MG VIAL DL	4	PA
HERCEPTIN HYLECTA 600 MG-10,000 UNIT/5 ML SUBCUTANEOUS SOLUTION DL	4	PA,QL (5 per 21 days)
IBRANCE 100 MG, 125 MG, 75 MG CAPSULE DL	4	PA,QL (21 per 28 days)
NUBEQA 300 MG TABLET DL	4	PA,QL (120 per 30 days)
RITUXAN 10 MG/ML CONCENTRATE,INTRAVENOUS DL	4	PA
SPRYCEL 100 MG, 50 MG, 70 MG, 80 MG TABLET DL	4	PA,QL (60 per 30 days)
SPRYCEL 140 MG TABLET DL	4	PA,QL (30 per 30 days)
SPRYCEL 20 MG TABLET DL	4	PA,QL (90 per 30 days)
VERZENIO 100 MG, 150 MG, 200 MG, 50 MG TABLET DL	4	PA,QL (60 per 30 days)
XTANDI 40 MG CAPSULE DL	4	PA,QL (120 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
Antiparasitics		
hydroxychloroquine 200 mg tab MO	1	
ivermectin 3 mg tablet MO	1	
Antiparkinson Agents		
benztropine mes 0.5 mg, 1 mg, 2 mg tab; benztropine mes 0.5 mg, 1 mg, 2 mg tablet MO	1	
carbidopa-levo 10-100 mg, 25-100 mg, 25-250 mg odt; carbidopa-levodopa 10-100 tab; carbidopa-levodopa 25-100 tab; carbidopa-levodopa 25-250 tab MO	1	
NEUPRO 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH MO	3	QL (30 per 30 days)
pramipexole 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg tablet MO	1	
ropinirole hcl 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg tablet MO	1	
RYTARY 23.75 MG-95 MG CAPSULE,EXTENDED RELEASE; RYTARY 48.75 MG-195 MG CAPSULE,EXTENDED RELEASE MO	3	ST,QL (360 per 30 days)
RYTARY 36.25 MG-145 MG CAPSULE,EXTENDED RELEASE MO	3	ST,QL (270 per 30 days)
RYTARY 61.25 MG-245 MG CAPSULE,EXTENDED RELEASE MO	3	ST,QL (300 per 30 days)
Antipsychotics		
ABILIFY MAINTENA 300 MG, 400 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE DL	4	QL (1 per 28 days)
ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION,EXTENDED REL. INTRAMUSCULAR SYRINGE DL	4	QL (1 per 28 days)
aripiprazole 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg tablet MO	1	
ARISTADA 1,064 MG/3.9 ML SUSPENSION, EXTEND.REL. IM SYRINGE MO	4	QL (3.9 per 56 days)
ARISTADA 441 MG/1.6 ML SUSPENSION, EXTEND.REL. IM SYRINGE DL	4	QL (1.6 per 28 days)
ARISTADA 662 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE DL	4	QL (2.4 per 28 days)
ARISTADA 882 MG/3.2 ML SUSPENSION, EXTEND.REL. IM SYRINGE DL	4	QL (3.2 per 28 days)
ARISTADA INITIO 675 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE DL	4	QL (2.4 per 42 days)
INVEGA SUSTENNA 117 MG/0.75 ML, 234 MG/1.5 ML, 78 MG/0.5 ML INTRAMUSCULAR SYRINGE DL	4	QL (1.5 per 28 days)
INVEGA SUSTENNA 156 MG/ML INTRAMUSCULAR SYRINGE DL	4	QL (1 per 28 days)
INVEGA SUSTENNA 39 MG/0.25 ML INTRAMUSCULAR SYRINGE MO	3	QL (1.5 per 28 days)
INVEGA TRINZA 273 MG/0.875 ML INTRAMUSCULAR SYRINGE MO	4	QL (0.87 per 90 days)
INVEGA TRINZA 410 MG/1.315 ML INTRAMUSCULAR SYRINGE MO	4	QL (1.31 per 90 days)
INVEGA TRINZA 546 MG/1.75 ML INTRAMUSCULAR SYRINGE MO	4	QL (1.75 per 90 days)
INVEGA TRINZA 819 MG/2.625 ML INTRAMUSCULAR SYRINGE MO	4	QL (2.62 per 90 days)
olanzapine 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg tablet MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PERSERIS 120 MG, 90 MG ABDOMINAL SUBCUTANEOUS EXTEND RELEASE SUSP SYRINGE KIT DL	4	QL (1 per 28 days)
quetiapine fumarate 200 mg, 25 mg, 50 mg tab MO	1	QL (120 per 30 days)
RISPERDAL CONSTA 12.5 MG/2 ML, 25 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE MO	3	QL (2 per 28 days)
RISPERDAL CONSTA 37.5 MG/2 ML, 50 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE DL	4	QL (2 per 28 days)
risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg odt; risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg tablet MO	1	QL (60 per 30 days)
Antispasticity Agents		
baclofen 10 mg, 20 mg tablet MO	1	
dantrolene sodium 100 mg, 25 mg, 50 mg cap MO	1	
tizanidine hcl 2 mg, 4 mg tablet MO	1	
ANTIVIRALS		
acyclovir 400 mg, 800 mg tablet MO	1	
BIKTARVY 50 MG-200 MG-25 MG TABLET DL	4	QL (30 per 30 days)
DESCOVY 200 MG-25 MG TABLET DL	4	QL (30 per 30 days)
EPCLUSA 400 MG-100 MG TABLET DL	4	PA,QL (28 per 28 days)
GENVOYA 150 MG-150 MG-200 MG-10 MG TABLET DL	4	QL (30 per 30 days)
HARVONI 45 MG-200 MG TABLET; HARVONI 90 MG-400 MG TABLET DL	4	PA,QL (28 per 28 days)
ledipasvir-sofosbuvir 90-400mg DL	4	PA,QL (28 per 28 days)
ODEFSEY 200 MG-25 MG-25 MG TABLET DL	4	QL (30 per 30 days)
oseltamivir phos 45 mg, 75 mg capsule MO	1	QL (112 per 365 days)
VOSEVI 400 MG-100 MG-100 MG TABLET DL	4	PA,QL (28 per 28 days)
XOFLUZA 20 MG, 40 MG TABLET MO	3	QL (10 per 365 days)
Anxiolytics		
alprazolam 0.25 mg, 0.5 mg, 1 mg tablet DL	1	QL (120 per 30 days)
buspirone hcl 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg tablet MO	1	
clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg dis tab; clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg dis tablet; clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg odt; clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg tablet DL	1	
diazepam 2 mg, 5 mg tablet DL	1	QL (90 per 30 days)
hydroxyzine hcl 10 mg, 25 mg, 50 mg tablet MO	1	
lorazepam 0.5 mg, 1 mg tablet DL	1	QL (90 per 30 days)
Blood Glucose Regulators		
BAQSIMI 3 MG/ACTUATION NASAL SPRAY MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BYDUREON 2 MG VIAL MO	3	QL (4 per 28 days)
BYDUREON 2 MG/0.65 ML SUBCUTANEOUS PEN INJECTOR MO	3	QL (4 per 28 days)
BYDUREON BCISE 2 MG/0.85 ML SUBCUTANEOUS AUTO-INJECTOR MO	3	QL (3.4 per 28 days)
FARXIGA 10 MG, 5 MG TABLET MO	3	QL (30 per 30 days)
FIASP FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN MO	2	
FIASP PENFILL U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS CARTRIDGE MO	2	
FIASP U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION MO	2	
glimepiride 1 mg, 2 mg, 4 mg tablet MO	1	
glipizide 10 mg, 5 mg tablet MO	1	
glipizide er 10 mg, 2.5 mg, 5 mg tablet MO	1	
GLUCAGEN HYPOKIT 1 MG INJECTION MO	2	
GLYXAMBI 10 MG-5 MG TABLET; GLYXAMBI 25 MG-5 MG TABLET MO	2	QL (30 per 30 days)
GVOKE PFS 1-PACK 0.5 MG/0.1 ML, 1 MG/0.2 ML SUBCUTANEOUS SYRINGE MO	2	
GVOKE PFS 2-PACK 0.5 MG/0.1 ML, 1 MG/0.2 ML SUBCUTANEOUS SYRINGE MO	2	
HUMALOG MIX 75-25 (U-100) INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION MO	3	ST
HUMULIN 70/30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION MO	3	ST
HUMULIN 70/30 U-100 INSULIN KWIKPEN 100 UNIT/ML SUBCUTANEOUS MO	3	ST
HUMULIN N NPH U-100 INSULIN KWIKPEN 100 UNIT/ML (3 ML) SUBCUTANEOUS MO	3	ST
HUMULIN N NPH U-100 INSULIN (ISOPHANE SUSP) 100 UNIT/ML SUBCUTANEOUS MO	3	ST
HUMULIN R REGULAR U-100 INSULIN 100 UNIT/ML INJECTION SOLUTION MO	3	ST
HUMULIN R U-500 (CONCENTRATED) INSULIN 500 UNIT/ML SUBCUTANEOUS SOLN DL	4	
HUMULIN R U-500 (CONC) INSULIN KWIKPEN 500 UNIT/ML (3 ML) SUBCUTANEOUS DL	4	
INSULIN ASPART PROT-INSULN ASP MO	2	
INSULIN ASPART 100 UNIT/ML CRT MO	2	
INSULIN ASPART 100 UNIT/ML PEN MO	2	
INSULIN ASPART 100 UNIT/ML VL MO	2	
INSULIN LISPRO 100 UNIT/ML PEN; INSULIN LISPRO JR 100 UNIT/ML MO	3	ST
INSULIN LISPRO 100 UNIT/ML VL MO	3	ST

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
INSULIN LISPRO MIX 75-25 KWKP MO	3	ST
INVOKAMET 150 MG-1,000 MG TABLET; INVOKAMET 150 MG-500 MG TABLET; INVOKAMET 50 MG-1,000 MG TABLET; INVOKAMET 50 MG-500 MG TABLET MO	2	QL (60 per 30 days)
INVOKAMET XR 150 MG-1,000 MG TABLET, EXTENDED RELEASE; INVOKAMET XR 150 MG-500 MG TABLET, EXTENDED RELEASE; INVOKAMET XR 50 MG-1,000 MG TABLET, EXTENDED RELEASE; INVOKAMET XR 50 MG-500 MG TABLET, EXTENDED RELEASE MO	2	QL (60 per 30 days)
INVOKANA 100 MG, 300 MG TABLET MO	2	QL (30 per 30 days)
JANUMET 50 MG-1,000 MG TABLET; JANUMET 50 MG-500 MG TABLET MO	2	QL (60 per 30 days)
JANUMET XR 100 MG-1,000 MG TABLET, EXTENDED RELEASE MO	2	QL (30 per 30 days)
JANUMET XR 50 MG-1,000 MG TABLET, EXTENDED RELEASE; JANUMET XR 50 MG-500 MG TABLET, EXTENDED RELEASE MO	2	QL (60 per 30 days)
JANUVIA 100 MG, 25 MG, 50 MG TABLET MO	2	QL (30 per 30 days)
JARDIANCE 10 MG, 25 MG TABLET MO	2	QL (30 per 30 days)
JENTADUETO 2.5 MG-1,000 MG TABLET; JENTADUETO 2.5 MG-500 MG TABLET; JENTADUETO 2.5 MG-850 MG TABLET MO	2	QL (60 per 30 days)
JENTADUETO XR 2.5 MG-1,000 MG TABLET, EXTENDED RELEASE MO	2	QL (60 per 30 days)
JENTADUETO XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE MO	2	QL (30 per 30 days)
KOMBIGLYZE XR 2.5 MG-1,000 MG TABLET, EXTENDED RELEASE MO	3	QL (60 per 30 days)
KOMBIGLYZE XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE; KOMBIGLYZE XR 5 MG-500 MG TABLET, EXTENDED RELEASE MO	3	QL (30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN MO	2	
LANTUS U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION MO	2	
LEVEMIR FLEXTouch U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN MO	2	
LEVEMIR U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION MO	2	
metformin hcl 1,000 mg, 500 mg, 850 mg tablet MO	1	
metformin hcl er 500 mg tablet MO	1	QL (120 per 30 days)
NOVOLIN 70-30 FLEXPEN U-100 INSULIN 100 UNIT/ML (70-30) SUBCUTANEOUS MO	2	
NOVOLIN 70/30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION MO	2	
NOVOLIN N FLEXPEN 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN MO	2	
NOVOLIN N NPH U-100 INSULIN ISOPHANE 100 UNIT/ML SUBCUTANEOUS SUSP MO	2	
NOVOLIN R FLEXPEN 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NOVOLIN R REGULAR U-100 INSULIN 100 UNIT/ML INJECTION SOLUTION MO	2	
NOVOLOG FLEXPEN U-100 INSULIN ASPART 100 UNIT/ML (3 ML) SUBCUTANEOUS MO	2	
NOVOLOG MIX 70-30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION MO	2	
NOVOLOG MIX 70-30 FLEXPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN MO	2	
NOVOLOG PENFILL U-100 INSULIN ASPART 100 UNIT/ML SUBCUTANEOUS CARTRIDGE MO	2	
NOVOLOG U-100 INSULIN ASPART 100 UNIT/ML SUBCUTANEOUS SOLUTION MO	2	
ONGLYZA 2.5 MG, 5 MG TABLET MO	3	QL (30 per 30 days)
OZEMPIC 0.25 MG OR 0.5 MG (2 MG/1.5 ML) SUBCUTANEOUS PEN INJECTOR MO	2	QL (1.5 per 28 days)
OZEMPIC 1 MG/DOSE (2 MG/1.5 ML) SUBCUTANEOUS PEN INJECTOR MO	2	QL (3 per 28 days)
<i>pioglitazone hcl 15 mg, 30 mg, 45 mg tablet</i> MO	1	QL (30 per 30 days)
RYBELSUS 14 MG, 3 MG, 7 MG TABLET MO	2	QL (30 per 30 days)
SOLIQUA 100/33 100 UNIT-33 MCG/ML SUBCUTANEOUS INSULIN PEN MO	2	QL (15 per 24 days)
SYNJARDY 12.5 MG-1,000 MG TABLET; SYNJARDY 12.5 MG-500 MG TABLET; SYNJARDY 5 MG-1,000 MG TABLET; SYNJARDY 5 MG-500 MG TABLET MO	2	QL (60 per 30 days)
SYNJARDY XR 10 MG-1,000 MG TABLET, EXTENDED RELEASE; SYNJARDY XR 25 MG-1,000 MG TABLET, EXTENDED RELEASE MO	2	QL (30 per 30 days)
SYNJARDY XR 12.5 MG-1,000 MG TABLET, EXTENDED RELEASE; SYNJARDY XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE MO	2	QL (60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR 300 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN MO	2	
TOUJEO SOLOSTAR U-300 INSULIN 300 UNIT/ML (1.5 ML) SUBCUTANEOUS PEN MO	2	
TRADJENTA 5 MG TABLET MO	2	QL (30 per 30 days)
TRESIBA FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN MO	2	
TRESIBA FLEXTOUCH U-200 INSULIN 200 UNIT/ML (3 ML) SUBCUTANEOUS PEN MO	2	
TRESIBA U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION MO	2	
TRIJARDY XR 10 MG-5 MG-1,000 MG TABLET, EXTENDED RELEASE; TRIJARDY XR 25 MG-5 MG-1,000 MG TABLET, EXTENDED RELEASE MO	2	QL (30 per 30 days)
TRIJARDY XR 12.5 MG-2.5 MG-1,000 MG TABLET, EXTENDED RELEASE; TRIJARDY XR 5 MG-2.5 MG-1,000 MG TABLET, EXTENDED RELEASE MO	2	QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TRULICITY 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR MO	2	QL (2 per 28 days)
VICTOZA 2-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR MO	2	QL (9 per 30 days)
VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR MO	2	QL (9 per 30 days)
XIGDUO XR 10 MG-1,000 MG TABLET,EXTENDED RELEASE; XIGDUO XR 10 MG-500 MG TABLET,EXTENDED RELEASE; XIGDUO XR 5 MG-500 MG TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)
XIGDUO XR 2.5 MG-1,000 MG TABLET,EXTENDED RELEASE; XIGDUO XR 5 MG-1,000 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)
XULTOPHY 100/3.6 100 UNIT-3.6 MG/ML (3 ML) SUBCUTANEOUS INSULIN PEN MO	2	QL (15 per 30 days)
BLOOD PRODUCTS AND MODIFIERS		
BRILINTA 60 MG, 90 MG TABLET MO	2	QL (60 per 30 days)
clopidogrel 75 mg tablet MO	1	QL (30 per 30 days)
ELIQUIS 2.5 MG TABLET MO	2	QL (60 per 30 days)
ELIQUIS 5 MG TABLET MO	2	QL (74 per 30 days)
ELIQUIS DVT-PE TREATMENT 30-DAY STARTER 5 MG (74 TABLETS) IN DOSE PACK MO	2	QL (74 per 30 days)
enoxaparin 100 mg/ml, 150 mg/ml syringe MO	1	QL (28 per 28 days)
enoxaparin 120 mg/0.8 ml, 80 mg/0.8 ml syr MO	1	QL (22.4 per 28 days)
enoxaparin 30 mg/0.3 ml, 60 mg/0.6 ml syr MO	1	QL (16.8 per 28 days)
enoxaparin 300 mg/3 ml vial MO	1	QL (84 per 28 days)
enoxaparin 40 mg/0.4 ml syr MO	1	QL (11.2 per 28 days)
NEULASTA 6 MG/0.6 ML SUBCUTANEOUS SYRINGE; NEULASTA 6 MG/0.6 ML WITH WEARABLE SUBCUTANEOUS INJECTOR DL	4	PA,QL (1.2 per 28 days)
NEUPOGEN 300 MCG/0.5 ML INJECTION SYRINGE DL	4	PA,QL (7 per 30 days)
NEUPOGEN 300 MCG/ML INJECTION SOLUTION DL	4	PA,QL (14 per 30 days)
NEUPOGEN 480 MCG/0.8 ML INJECTION SYRINGE DL	4	PA,QL (11.2 per 30 days)
NEUPOGEN 480 MCG/1.6 ML INJECTION SOLUTION DL	4	PA,QL (22.4 per 30 days)
NIVESTYM 300 MCG/0.5 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (7 per 30 days)
NIVESTYM 300 MCG/ML INJECTION SOLUTION DL	4	PA,QL (14 per 30 days)
NIVESTYM 480 MCG/0.8 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (11.2 per 30 days)
PRADAXA 110 MG, 150 MG, 75 MG CAPSULE MO	3	QL (60 per 30 days)
RETACRIT 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML INJECTION SOLUTION MO	3	PA,QL (14 per 30 days)
UDENYCA 6 MG/0.6 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (1.2 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
warfarin sodium 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg tablet MO	1	
XARELTO 10 MG, 20 MG TABLET MO	2	QL (30 per 30 days)
XARELTO 15 MG, 2.5 MG TABLET MO	2	QL (60 per 30 days)
XARELTO DVT-PE TREATMENT 30-DAY STARTER 15 MG(42)-20 MG(9) TABLET PACK MO	2	QL (51 per 30 days)
ZARXIO 300 MCG/0.5 ML INJECTION SYRINGE DL	4	PA,QL (7 per 30 days)
ZARXIO 480 MCG/0.8 ML INJECTION SYRINGE DL	4	PA,QL (11.2 per 30 days)
ZIEXTENZO 6 MG/0.6 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (1.2 per 28 days)
Cardiovascular Agents		
amiodarone hcl 100 mg, 200 mg tablet MO	1	
amlodipine besylate 2.5 mg, 5 mg tab MO	1	QL (30 per 30 days)
amlodipine-benazepril 10-20 mg, 2.5-10 mg, 5-10 mg, 5-20 mg; amlodipine-benazepril 2.5-10 MO	1	QL (60 per 30 days)
atenolol 100 mg, 25 mg, 50 mg tablet MO	1	
atorvastatin 10 mg, 20 mg, 40 mg, 80 mg tablet MO	1	
benazepril hcl 10 mg, 20 mg, 40 mg, 5 mg tablet MO	1	
bumetanide 0.5 mg, 1 mg, 2 mg tablet MO	1	
BYSTOLIC 10 MG TABLET MO	2	QL (120 per 30 days)
BYSTOLIC 2.5 MG, 5 MG TABLET MO	2	QL (30 per 30 days)
BYSTOLIC 20 MG TABLET MO	2	QL (60 per 30 days)
carvedilol 12.5 mg, 25 mg, 3.125 mg, 6.25 mg tablet MO	1	
chlorthalidone 25 mg, 50 mg tablet MO	1	
clonidine hcl 0.1 mg, 0.2 mg, 0.3 mg tablet MO	1	
CORLANOR 5 MG, 7.5 MG TABLET MO	3	PA,QL (60 per 30 days)
digoxin 125 mcg tablet; digoxin 250 mcg tablet MO	1	QL (30 per 30 days)
diltiazem 24h er(cd) 120 mg, 180 mg, 240 mg cp; diltiazem 24hr er 120 mg, 180 mg, 240 mg cap MO	1	QL (60 per 30 days)
doxazosin mesylate 1 mg, 2 mg, 4 mg, 8 mg tab MO	1	
enalapril maleate 10 mg, 2.5 mg, 20 mg, 5 mg tab; enalapril maleate 10 mg, 2.5 mg, 20 mg, 5 mg tablet MO	1	
ENTRESTO 24 MG-26 MG TABLET; ENTRESTO 49 MG-51 MG TABLET; ENTRESTO 97 MG-103 MG TABLET MO	2	QL (60 per 30 days)
ezetimibe 10 mg tablet MO	1	QL (30 per 30 days)
fenofibrate 120 mg, 160 mg tablet MO	1	QL (30 per 30 days)
furosemide 20 mg, 40 mg, 80 mg tablet MO	1	
hydralazine 10 mg, 100 mg, 25 mg, 50 mg tablet MO	1	

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hydrochlorothiazide 12.5 mg, 25 mg, 50 mg tab; hydrochlorothiazide 12.5 mg, 25 mg, 50 mg tb MO	1	
irbesartan 150 mg, 300 mg, 75 mg tablet MO	1	QL (30 per 30 days)
isosorbide mononit er 120 mg, 30 mg, 60 mg; isosorbide mononit er 120 mg, 30 mg, 60 mg tb MO	1	
lisinopril 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg tablet MO	1	
lisinopril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg tab MO	1	
losartan potassium 100 mg, 25 mg, 50 mg tab MO	1	QL (60 per 30 days)
losartan-hctz 100-12.5 mg, 100-25 mg, 50-12.5 mg tab MO	1	QL (60 per 30 days)
lovastatin 10 mg, 20 mg, 40 mg tablet MO	1	
metoprolol succ er 100 mg, 200 mg, 25 mg, 50 mg tab MO	1	QL (60 per 30 days)
metoprolol tartrate 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg tab; metoprolol tartrate 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg tb MO	1	
MULTAQ 400 MG TABLET MO	2	QL (60 per 30 days)
nifedipine er 30 mg, 60 mg, 90 mg tablet MO	1	QL (60 per 30 days)
nitroglycerin 0.3 mg, 0.4 mg, 0.6 mg tablet sl MO	1	
olmesartan medoxomil 20 mg, 40 mg, 5 mg tab MO	1	QL (30 per 30 days)
pravastatin sodium 10 mg, 20 mg, 40 mg, 80 mg tab MO	1	
propranolol 10 mg, 20 mg, 40 mg, 60 mg, 80 mg tablet MO	1	
ramipril 1.25 mg, 10 mg, 2.5 mg, 5 mg capsule MO	1	
REPATHA PUSHTRONEX 420 MG/3.5 ML SUBCUTANEOUS WEARABLE INJECTOR MO	2	PA,QL (3.5 per 28 days)
REPATHA SURECLICK 140 MG/ML SUBCUTANEOUS PEN INJECTOR MO	2	PA,QL (3 per 28 days)
REPATHA SYRINGE 140 MG/ML SUBCUTANEOUS SYRINGE MO	2	PA,QL (3 per 28 days)
rosuvastatin calcium 10 mg, 20 mg, 40 mg, 5 mg tab MO	1	
simvastatin 10 mg, 20 mg, 40 mg, 5 mg, 80 mg tablet MO	1	
spironolactone 100 mg, 25 mg, 50 mg tablet MO	1	
TEKTURN 150 MG, 300 MG TABLET MO	3	PA,QL (30 per 30 days)
TEKTURN HCT 150 MG-12.5 MG TABLET; TEKTURN HCT 150 MG-25 MG TABLET; TEKTURN HCT 300 MG-12.5 MG TABLET; TEKTURN HCT 300 MG-25 MG TABLET MO	2	QL (30 per 30 days)
torsemide 10 mg, 100 mg, 20 mg, 5 mg tablet MO	1	
triamterene-hctz 37.5-25 mg, 75-50 mg tab; triamterene-hctz 37.5-25 mg, 75-50 mg tb MO	1	
valsartan 160 mg, 320 mg, 40 mg, 80 mg tablet MO	1	QL (60 per 30 days)
WELCHOL 3.75 GRAM ORAL POWDER PACKET MO	3	PA,QL (30 per 30 days)
WELCHOL 625 MG TABLET MO	3	PA,QL (180 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
Central Nervous System Agents		
AUSTEDO 12 MG, 9 MG TABLET DL	4	PA,QL (120 per 30 days)
AUSTEDO 6 MG TABLET DL	4	PA,QL (60 per 30 days)
BETASERON 0.3 MG SUBCUTANEOUS KIT DL	4	PA,QL (15 per 30 days)
COPAXONE 20 MG/ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (30 per 30 days)
COPAXONE 40 MG/ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (12 per 28 days)
dextroamp-amphetam 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg tab; dextroamp-amphetamin 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg tab; dextroamp-amphetamine 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg tab MO	1	QL (90 per 30 days)
GILENYA 0.25 MG, 0.5 MG CAPSULE DL	4	PA,QL (30 per 30 days)
pregabalin 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg capsule MO	1	QL (90 per 30 days)
SAVELLA 100 MG, 12.5 MG, 12.5 MG (5)-25 MG(8)-50 MG(42), 25 MG, 50 MG TABLET; SAVELLA 12.5 MG (5)-25 MG(8)-50MG(42) TABLETS IN A DOSE PACK MO	2	QL (60 per 30 days)
TECFIDERA 120 MG (14)- 240 MG (46), 240 MG CAPSULE,DELAYED RELEASE; TECFIDERA 120 MG (14)-240 MG (46) CAPSULE,DELAYED RELEASE DL	4	PA,QL (60 per 30 days)
TECFIDERA 120 MG CAPSULE,DELAYED RELEASE DL	4	PA,QL (14 per 30 days)
Dental & Oral Agents		
chlorhexidine 0.12% rinse MO	1	
triamcinolone 0.1% paste MO	1	
DERMATOLOGICAL AGENTS		
ENSTILAR 0.005 %-0.064 % TOPICAL FOAM MO	3	QL (120 per 30 days)
hydrocortisone 1% cream; hydrocortisone 2.5% cream MO	1	QL (240 per 30 days)
mupirocin 2% ointment MO	1	
PICATO 0.015 % TOPICAL GEL MO	3	QL (3 per 30 days)
PICATO 0.05 % TOPICAL GEL MO	3	QL (2 per 30 days)
SANTYL 250 UNIT/GRAM TOPICAL OINTMENT MO	2	QL (180 per 30 days)
TACLONEX 0.005 %-0.064 % TOPICAL OINTMENT DL	4	PA,QL (60 per 30 days)
TACLONEX 0.005 %-0.064 % TOPICAL SUSPENSION MO	2	QL (420 per 30 days)
Electrolytes/Minerals/Metals/Vitamins		
AURYXIA 210 MG IRON TABLET MO	3	PA,QL (360 per 30 days)
EXJADE 125 MG, 250 MG, 500 MG DISPERSIBLE TABLET DL	4	PA
JADENU 180 MG, 360 MG, 90 MG TABLET DL	4	PA
LOKELMA 10 GRAM, 5 GRAM ORAL POWDER PACKET MO	2	QL (30 per 30 days)
potassium cl er 10 meq, 20 meq tablet MO	1	

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GASTROINTESTINAL AGENTS		
DEXILANT 30 MG, 60 MG CAPSULE, DELAYED RELEASE MO	3	QL (30 per 30 days)
<i>dicyclomine 10 mg capsule</i> MO	1	
<i>esomeprazole mag dr 20 mg, 40 mg cap</i> MO	1	QL (30 per 30 days)
<i>famotidine 20 mg, 40 mg tablet</i> MO	1	
LINZESS 145 MCG, 290 MCG, 72 MCG CAPSULE MO	2	QL (30 per 30 days)
MOVANTIK 12.5 MG, 25 MG TABLET MO	2	QL (30 per 30 days)
<i>omeprazole dr 10 mg, 20 mg, 40 mg capsule</i> MO	1	QL (60 per 30 days)
<i>pantoprazole sod dr 20 mg, 40 mg tab</i> MO	1	QL (60 per 30 days)
PYLERA 140 MG-125 MG-125 MG CAPSULE MO	3	QL (120 per 30 days)
RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SOLUTION MO	3	QL (36 per 30 days)
RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SYRINGE MO	3	QL (36 per 28 days)
RELISTOR 150 MG TABLET MO	3	QL (90 per 30 days)
RELISTOR 8 MG/0.4 ML SUBCUTANEOUS SYRINGE MO	3	QL (12 per 30 days)
<i>sucralfate 1 gm tablet</i> MO	1	
SUPREP BOWEL PREP KIT 17.5 GRAM-3.13 GRAM-1.6 GRAM ORAL SOLUTION MO	2	
XIFAXAN 200 MG TABLET DL	4	PA,QL (9 per 30 days)
XIFAXAN 550 MG TABLET DL	4	PA,QL (84 per 28 days)
GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
CERDELGA 84 MG CAPSULE DL	4	PA
CEREZYME 400 UNIT INTRAVENOUS SOLUTION DL	4	PA
CREON 12,000-38,000-60,000 UNIT CAPSULE,DELAYED RELEASE; CREON 24,000-76,000-120,000 UNIT CAPSULE,DELAYED RELEASE; CREON 3,000 UNIT-9,500 UNIT-15,000 UNIT CAPSULE,DELAYED RELEASE; CREON 36,000 UNIT-114,000 UNIT-180,000 UNIT CAPSULE,DELAYED RELEASE; CREON 6,000-19,000-30,000 UNIT CAPSULE,DELAYED RELEASE MO	2	
ELELYSO 200 UNIT INTRAVENOUS SOLUTION DL	4	PA
PROLASTIN-C 1,000 MG (+/-)/20 ML INTRAVENOUS SOLUTION; PROLASTIN-C 1,000 MG, 1,000 MG (+/-)/20 ML INTRAVENOUS POWDER FOR SOLUTION DL	4	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
STRENSIQ 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML SUBCUTANEOUS SOLUTION DL	4	PA
ZENPEP 10,000 UNIT-32,000 UNIT-42,000 UNIT CAPSULE, DELAYED RELEASE; ZENPEP 15,000 UNIT-47,000 UNIT-63,000 UNIT CAPSULE, DELAYED RELEASE; ZENPEP 20,000 UNIT-63,000 UNIT-84,000 UNIT CAPSULE, DELAYED RELEASE; ZENPEP 25,000 UNIT-79,000 UNIT-105,000 UNIT CAPSULE, DELAYED RELEASE; ZENPEP 3,000 UNIT-10,000 UNIT-14,000 UNIT CAPSULE, DELAYED RELEASE; ZENPEP 40,000 UNIT-126,000 UNIT-168,000 UNIT CAPSULE, DELAYED RELEASE; ZENPEP 5,000 UNIT-17,000 UNIT-24,000 UNIT CAPSULE, DELAYED RELEASE MO	3	
Genitourinary Agents		
finasteride 5 mg tablet MO	1	QL (30 per 30 days)
MYRBETRIQ 25 MG, 50 MG TABLET, EXTENDED RELEASE MO	2	QL (30 per 30 days)
oxybutynin 5 mg tablet MO	1	
oxybutynin cl er 10 mg, 15 mg, 5 mg tablet MO	1	QL (60 per 30 days)
tamsulosin hcl 0.4 mg capsule MO	1	
TOVIAZ 4 MG, 8 MG TABLET, EXTENDED RELEASE MO	2	QL (30 per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
methylprednisolone 4 mg dosepk MO	1	
prednisone 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg tablet MO	1	B vs D
triamcinolone 0.025% cream; triamcinolone 0.1% cream; triamcinolone 0.5% cream MO	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
desmopressin acetate 0.1 mg tb MO	1	QL (180 per 30 days)
desmopressin acetate 0.2 mg tb MO	1	
OMNITROPE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) SUBCUTANEOUS CARTRIDGE DL	4	PA
OMNITROPE 5.8 MG SUBCUTANEOUS SOLUTION DL	4	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
estradiol 0.5 mg, 1 mg, 10 mcg, 2 mg tablet; estradiol 0.5 mg, 1 mg, 10 mcg, 2 mg vaginal insrt MO	1	
OSPHENA 60 MG TABLET MO	2	PA
PREMARIN 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG TABLET MO	3	
PREMARIN 0.625 MG/GRAM VAGINAL CREAM MO	2	
PREMARIN 25 MG SOLUTION FOR INJECTION MO	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
levothyroxine 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg tablet MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
liothyronine sod 10 mcg/ml vl MO	1	
liothyronine sod 25 mcg, 5 mcg, 50 mcg tab MO	1	
SYNTHROID 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET MO	2	
Hormonal Agents, Suppressant (Pituitary)		
SOMATULINE DEPOT 120 MG/0.5 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (0.5 per 28 days)
SOMATULINE DEPOT 60 MG/0.2 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (0.2 per 28 days)
SOMATULINE DEPOT 90 MG/0.3 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (0.3 per 28 days)
IMMUNOLOGICAL AGENTS		
COSENTYX 150 MG/ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (8 per 28 days)
COSENTYX 300 MG/2 SYRINGES (150 MG/ML) SUBCUTANEOUS DL	4	PA,QL (8 per 28 days)
COSENTYX PEN 150 MG/ML SUBCUTANEOUS DL	4	PA,QL (8 per 28 days)
COSENTYX PEN 300 MG/2 PENS (150 MG/ML) SUBCUTANEOUS DL	4	PA,QL (8 per 28 days)
DUPIXENT 200 MG/1.14 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (3.42 per 28 days)
DUPIXENT 300 MG/2 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (6 per 28 days)
ENBREL 25 MG (1 ML), 25 MG/0.5 ML SUBCUTANEOUS POWDER FOR SOLUTION; ENBREL 25 MG (1 ML), 25 MG/0.5 ML SUBCUTANEOUS SOLUTION DL	4	PA,QL (8 per 28 days)
ENBREL 25 MG/0.5 ML (0.5 ML) SUBCUTANEOUS SYRINGE; ENBREL 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) SUBCUTANEOUS SYRINGE DL	4	PA,QL (8 per 28 days)
ENBREL MINI 50 MG/ML (1 ML) SUBCUTANEOUS CARTRIDGE DL	4	PA,QL (8 per 28 days)
ENBREL SURECLICK 50 MG/ML (1 ML) SUBCUTANEOUS PEN INJECTOR DL	4	PA,QL (8 per 28 days)
GAMUNEX-C 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %) INJECTION SOLUTION DL	4	PA
HIZENTRA 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) SUBCUTANEOUS SOLUTION DL	4	PA
HUMIRA 10 MG/0.2 ML SUBCUTANEOUS SYRINGE KIT DL	4	PA,QL (2 per 28 days)
HUMIRA 20 MG/0.4 ML, 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT DL	4	PA,QL (6 per 28 days)
HUMIRA PEDI CROHN 40 MG/0.8 ML DL	4	PA,QL (6 per 28 days)
HUMIRA PEN 40 MG/0.8 ML SUBCUTANEOUS KIT DL	4	PA,QL (6 per 28 days)
HUMIRA PEN CROHN'S-ULC COLITIS-HID SUP STARTER 40 MG/0.8 ML SUBCUT KIT DL	4	PA,QL (6 per 28 days)
HUMIRA PEN PSORIASIS-UVEITIS-ADOL HID SUP START 40 MG/0.8 ML SUBCUT KT DL	4	PA,QL (6 per 28 days)
HUMIRA(CF) 10 MG/0.1 ML SUBCUTANEOUS SYRINGE KIT DL	4	PA,QL (2 per 28 days)
HUMIRA(CF) 20 MG/0.2 ML, 40 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT DL	4	PA,QL (6 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HUMIRA(CF) PEDI CROHN'S START 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML SUBCUT SYR KIT; HUMIRA(CF) PEDIATRIC CROHN'S STARTER 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML SUBCUT SYRINGE KIT DL	4	PA,QL (6 per 28 days)
HUMIRA(CF) PEN 40 MG/0.4 ML, 80 MG/0.8 ML SUBCUTANEOUS KIT DL	4	PA,QL (6 per 28 days)
HUMIRA(CF) PEN CROHN'S-ULC COLITIS-HID SUP STRT 80 MG/0.8 ML SUBCUT KT DL	4	PA,QL (6 per 28 days)
HUMIRA(CF) PEN PS-UV-ADOL HS 80 MG/0.8 ML(1)-40 MG/0.4 ML(2)SUBCUT KIT DL	4	PA,QL (6 per 28 days)
INFLECTRA 100 MG INTRAVENOUS SOLUTION DL	4	PA
KEVZARA 150 MG/1.14 ML, 200 MG/1.14 ML SUBCUTANEOUS PEN INJECTOR DL	4	PA,QL (2.28 per 28 days)
KEVZARA 150 MG/1.14 ML, 200 MG/1.14 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (2.28 per 28 days)
methotrexate 2.5 mg tablet MO	1	B vs D
REMICADE 100 MG INTRAVENOUS SOLUTION DL	4	PA
RINVOQ 15 MG TABLET,EXTENDED RELEASE DL	4	PA,QL (30 per 30 days)
RUCONEST 2,100 UNIT INTRAVENOUS SOLUTION DL	4	PA,QL (8 per 28 days)
SHINGRIX (PF) 50 MCG/0.5 ML INTRAMUSCULAR SUSPENSION, KIT DL	2	QL (2 per 999 days)
SIMPONI ARIA 12.5 MG/ML INTRAVENOUS SOLUTION DL	4	PA,QL (20 per 28 days)
SKYRIZI 150 MG/1.66 ML(75 MG/0.83 ML X 2) SUBCUTANEOUS SYRINGE KIT MO	4	PA,QL (6 per 365 days)
STELARA 130 MG/26 ML INTRAVENOUS SOLUTION DL	4	PA,QL (104 per 30 days)
STELARA 45 MG/0.5 ML SUBCUTANEOUS SOLUTION DL	4	PA,QL (1.5 per 84 days)
STELARA 45 MG/0.5 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (1.5 per 84 days)
STELARA 90 MG/ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (3 per 84 days)
Metabolic Bone Disease Agents		
alendronate sodium 35 mg, 70 mg tab MO	1	QL (4 per 28 days)
FORTEO 20 MCG/DOSE (600 MCG/2.4 ML) SUBCUTANEOUS PEN INJECTOR MO	3	PA,QL (2.4 per 28 days)
PROLIA 60 MG/ML SUBCUTANEOUS SYRINGE MO	3	B vs D,QL (1 per 180 days)
XGEVA 120 MG/1.7 ML (70 MG/ML) SUBCUTANEOUS SOLUTION DL	4	PA,QL (1.7 per 28 days)
Miscellaneous Therapeutic Agents		
BD ALCOHOL SWABS MO	1	
OMNIPOD DASH 5 PACK INSULIN POD SUBCUTANEOUS CARTRIDGE MO	2	
OMNIPOD INSULIN MANAGEMENT MO	2	
OMNIPOD INSULIN REFILL SUBCUTANEOUS CARTRIDGE MO	2	
RECTIV 0.4 % (W/W) OINTMENT MO	3	QL (30 per 30 days)
V-GO 20 DEVICE MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
V-GO 30 DEVICE MO	2	
V-GO 40 DEVICE MO	2	
OPHTHALMIC AGENTS		
ALPHAGAN P 0.1 % EYE DROPS MO	2	
ALPHAGAN P 0.15 % EYE DROPS MO	3	PA
<i>brimonidine 0.2% eye drop; brimonidine tartrate 0.15% drp</i> MO	1	
COMBIGAN 0.2 %-0.5 % EYE DROPS MO	2	QL (5 per 25 days)
<i>dorzolamide-timolol eye drops</i> MO	1	QL (10 per 30 days)
DUREZOL 0.05 % EYE DROPS MO	2	
ILEVRO 0.3 % EYE DROPS,SUSPENSION MO	2	QL (3 per 30 days)
<i>latanoprost 0.005% eye drops</i> MO	1	QL (5 per 25 days)
LOTEMAX 0.5 % EYE DROPS,SUSPENSION; LOTEMAX 0.5 % EYE GEL DROPS MO	3	ST
LOTEMAX 0.5 % EYE OINTMENT MO	3	ST
LUMIGAN 0.01 % EYE DROPS MO	2	QL (2.5 per 25 days)
PAZEO 0.7 % EYE DROPS MO	2	QL (2.5 per 25 days)
<i>prednisolone ac 1% eye drop</i> MO	1	
RESTASIS 0.05 % EYE DROPS IN A DROPPERETTE MO	2	QL (60 per 30 days)
RESTASIS MULTIDOSE 0.05 % EYE DROPS MO	2	QL (5.5 per 25 days)
RHOPRESSA 0.02 % EYE DROPS MO	2	ST,QL (2.5 per 25 days)
ROCKLATAN 0.02 %-0.005 % EYE DROPS MO	2	ST,QL (2.5 per 25 days)
<i>timolol 0.5% eye drop; timolol maleate 0.25% eye drop; timolol maleate 0.5% eye drops</i> MO	1	
VYZULTA 0.024 % EYE DROPS MO	3	QL (5 per 30 days)
Respiratory Tract/Pulmonary Agents		
ADEMPAS 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG TABLET DL	4	PA,QL (90 per 30 days)
ADVAIR DISKUS 100 MCG-50 MCG/DOSE POWDER FOR INHALATION; ADVAIR DISKUS 250 MCG-50 MCG/DOSE POWDER FOR INHALATION; ADVAIR DISKUS 500 MCG-50 MCG/DOSE POWDER FOR INHALATION MO	2	QL (60 per 30 days)
ADVAIR HFA 115 MCG-21 MCG/ACTUATION AEROSOL INHALER; ADVAIR HFA 230 MCG-21 MCG/ACTUATION AEROSOL INHALER; ADVAIR HFA 45 MCG-21 MCG/ACTUATION AEROSOL INHALER MO	2	QL (12 per 30 days)
<i>albuterol hfa 90 mcg inhaler</i> MO	1	QL (36 per 30 days)
ANORO ELLIPTA 62.5 MCG-25 MCG/ACTUATION POWDER FOR INHALATION MO	3	PA,QL (60 per 30 days)
ARNUITY ELLIPTA 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION POWDER FOR INHALATION MO	2	QL (30 per 30 days)
BEVESPI AEROSPHERE 9 MCG-4.8 MCG HFA AEROSOL INHALER MO	3	QL (10.7 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 9.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BREO ELLIPTA 100 MCG-25 MCG/DOSE POWDER FOR INHALATION; BREO ELLIPTA 200 MCG-25 MCG/DOSE POWDER FOR INHALATION MO	2	QL (60 per 30 days)
COMBIVENT RESPIMAT 20 MCG-100 MCG/ACTUATION SOLUTION FOR INHALATION MO	3	QL (4 per 20 days)
DALIRESP 250 MCG TABLET MO	2	QL (28 per 365 days)
DALIRESP 500 MCG TABLET MO	2	QL (30 per 30 days)
ESBRIET 267 MG CAPSULE DL	4	PA,QL (270 per 30 days)
ESBRIET 267 MG TABLET DL	4	PA,QL (270 per 30 days)
ESBRIET 801 MG TABLET DL	4	PA,QL (90 per 30 days)
FASENRA PEN 30 MG/ML SUBCUTANEOUS AUTO-INJECTOR DL	4	PA,QL (1 per 28 days)
FLOVENT DISKUS 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION POWDER FOR INHALATION MO	2	QL (60 per 30 days)
FLOVENT HFA 110 MCG/ACTUATION, 220 MCG/ACTUATION AEROSOL INHALER MO	2	QL (24 per 30 days)
FLOVENT HFA 44 MCG/ACTUATION AEROSOL INHALER MO	2	QL (10.6 per 30 days)
<i>fluticasone prop 50 mcg spray</i> MO	1	QL (16 per 30 days)
<i>hydroxyzine pam 100 mg, 25 mg, 50 mg cap</i> MO	1	
INCRUSE ELLIPTA 62.5 MCG/ACTUATION POWDER FOR INHALATION MO	3	PA,QL (30 per 30 days)
<i>levocetirizine 5 mg tablet</i> MO	1	QL (30 per 30 days)
<i>montelukast sod 10 mg tablet</i> MO	1	QL (30 per 30 days)
NUCALA 100 MG, 100 MG/ML SUBCUTANEOUS AUTO-INJECTOR; NUCALA 100 MG, 100 MG/ML SUBCUTANEOUS SOLUTION DL	4	PA,QL (3 per 28 days)
NUCALA 100 MG/ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (3 per 28 days)
OFEV 100 MG, 150 MG CAPSULE DL	4	PA,QL (60 per 30 days)
PERFOROMIST 20 MCG/2 ML SOLUTION FOR NEBULIZATION MO	3	PA,QL (120 per 30 days)
SEREVENT DISKUS 50 MCG/DOSE POWDER FOR INHALATION MO	3	PA,QL (60 per 30 days)
SPIRIVA RESPIMAT 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION SOLUTION FOR INHALATION MO	2	QL (4 per 28 days)
SPIRIVA WITH HANDIHALER 18 MCG AND INHALATION CAPSULES MO	2	QL (30 per 30 days)
STIOLTO RESPIMAT 2.5 MCG-2.5 MCG/ACTUATION SOLUTION FOR INHALATION MO	2	QL (4 per 28 days)
STRIVERDI RESPIMAT 2.5 MCG/ACTUATION SOLUTION FOR INHALATION MO	2	QL (4 per 30 days)
SYMBICORT 160 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER; SYMBICORT 80 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER MO	2	QL (10.2 per 30 days)
TOBI PODHALER 28 MG CAPSULE WITH INHALATION DEVICE; TOBI PODHALER 28 MG INHALE CAP DL	4	PA,QL (224 per 28 days)
TRELEGY ELLIPTA 100 MCG-62.5 MCG-25 MCG POWDER FOR INHALATION MO	2	QL (60 per 30 days)
VENTOLIN HFA 90 MCG/ACTUATION AEROSOL INHALER MO	2	QL (36 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
Skeletal Muscle Relaxants		
<i>cyclobenzaprine 10 mg, 5 mg tablet</i> MO	1	
<i>methocarbamol 500 mg, 750 mg tablet</i> MO	1	
SLEEP DISORDER AGENTS		
BELSOMRA 10 MG TABLET MO	2	QL (60 per 30 days)
BELSOMRA 15 MG, 20 MG TABLET MO	2	QL (30 per 30 days)
BELSOMRA 5 MG TABLET MO	2	QL (120 per 30 days)
<i>temazepam 15 mg, 22.5 mg, 30 mg, 7.5 mg capsule</i> DL	1	QL (30 per 30 days)
<i>zolpidem tart 1.75 mg, 10 mg, 12.5 mg, 3.5 mg, 5 mg, 6.25 mg tab sl;</i> <i>zolpidem tart 1.75 mg, 10 mg, 12.5 mg, 3.5 mg, 5 mg, 6.25 mg tablet sl;</i> <i>zolpidem tart er 1.75 mg, 10 mg, 12.5 mg, 3.5 mg, 5 mg, 6.25 mg tab;</i> <i>zolpidem tartrate 1.75 mg, 10 mg, 12.5 mg, 3.5 mg, 5 mg, 6.25 mg tablet</i> MO	1	QL (30 per 30 days)

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Humana Medicare Employer Plan Coverage of Additional Prescription Drugs		
DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ERECTILE DYSFUNCTION		
sildenafil 100 mg, 25 mg, 50 mg tablet ED,MO	1	QL (6 per 30 days)
VIAGRA 100 MG, 25 MG, 50 MG TABLET ED,MO	3	QL (6 per 30 days)
VITAMINS/MINERALS		
ascorbic acid 500 mg/ml vial MO	1	
b complex 100 100 mg-2 mg-100 mg-2mg-2mg/ml injectable solution MO	1	
b-complex 100 mg-2 mg-100 mg-2mg-2mg/ml injection solution MO	1	
cyanocobalamin 1,000 mcg/ml MO	1	
DRISDOL 1,250 MCG (50,000 UNIT) CAPSULE MO	3	
vitamin d2 1.25mg(50,000 unit) MO	1	
folic acid 1 mg tablet MO	1	
folic acid 5 mg/ml vial MO	1	
hydroxocobalamin 1,000 mcg/ml MO	1	
INFUVITE ADULT 3300 UNIT-150 MCG/10 ML INTRAVENOUS SOLUTION MO	3	
INFUVITE PEDIATRIC 80 MG-400 UNIT-200 MCG/5 ML INTRAVENOUS SOLUTION MO	3	
M.V.I. ADULT 3,300 UNIT-150 MCG/10 ML INTRAVENOUS SOLUTION MO	3	
M.V.I. PEDIATRIC 80 MG-400 UNIT-200 MCG INTRAVENOUS SOLUTION MO	3	
M.V.I.-12 (WITHOUT VIT K) 3,300 UNIT-200 UNIT/10 ML INTRAVENOUS SOLN MO	3	
MEPHYTON 5 MG TABLET MO	3	
NASCOBAL 500 MCG/SPRAY NASAL SPRAY MO	3	
phytonadione 1 mg/0.5 ml syr MO	1	
phytonadione 10 mg/ml ampul MO	1	
phytonadione 5 mg tablet MO	1	
prv-dha 27 mg iron-1 mg-300 mg capsule MO	1	
prv-omega 28 mg-1 mg-300 mg capsule MO	1	

Your Humana Medicare Employer plan has additional coverage of some drugs. These drugs aren't normally covered under Medicare Part D. These drugs aren't subject to the Medicare appeals process. The amount you pay when you fill a prescription for these drugs does not count toward your total drug costs (in other words, the amount you pay does not help you qualify for catastrophic coverage).

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

MD - Maintenance Drug • DL - Dispensing Limit

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VITAMINS/MINERALS		
POTABA 500 MG CAPSULE MO	3	
prenatal-u 106.5 mg-1 mg capsule MO	1	
pyridoxine 100 mg/ml vial MO	1	
thiamine 200 mg/2 ml vial MO	1	
virt-pn dha 27 mg iron-1 mg-300 mg capsule MO	1	
vitamin d2 1,250 mcg (50,000 unit) capsule MO	1	
vitamin k 1 mg/0.5 ml injection solution MO	1	
vitamin k1 10 mg/ml injection solution MO	1	
zatean-pn dha 27 mg iron-1 mg-300 mg capsule MO	1	
zatean-pn plus 28 mg-1 mg-300 mg capsule MO	1	
zingiber 1.2 mg-40 mg-124.1 mg-100 mg tablet MO	1	
WEIGHT LOSS		
adipex-p 37.5 mg capsule MO	1	
ADIPEX-P 37.5 MG TABLET MO	1	
benzphetamine hcl 25 mg, 50 mg tablet MO	1	
CONTRAVE 8 MG-90 MG TABLET, EXTENDED RELEASE MO	3	QL (120 per 30 days)
diethylpropion 25 mg tablet MO	1	
diethylpropion er 75 mg tablet MO	1	
lomaira 8 mg tablet MO	1	
phendimetrazine 35 mg tablet MO	1	
phendimetrazine er 105 mg cap MO	3	
phentermine 15 mg, 30 mg, 37.5 mg capsule MO	1	
phentermine 37.5 mg tablet MO	1	
QSYMIA 11.25 MG-69 MG CAPSULE, EXTENDED RELEASE; QSYMIA 15 MG-92 MG CAPSULE, EXTENDED RELEASE; QSYMIA 3.75 MG-23 MG CAPSULE, EXTENDED RELEASE; QSYMIA 7.5 MG-46 MG CAPSULE, EXTENDED RELEASE MO	3	QL (30 per 30 days)

Your Humana Medicare Employer plan has additional coverage of some drugs. These drugs aren't normally covered under Medicare Part D. These drugs aren't subject to the Medicare appeals process. The amount you pay when you fill a prescription for these drugs does not count toward your total drug costs (in other words, the amount you pay does not help you qualify for catastrophic coverage).

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD - Maintenance Drug • DL - Dispensing Limit

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
WEIGHT LOSS		
REGIMEX 25 MG TABLET MO	1	
SAXENDA 3 MG/0.5 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR MO	3	

Your Humana Medicare Employer plan has additional coverage of some drugs. These drugs aren't normally covered under Medicare Part D. These drugs aren't subject to the Medicare appeals process. The amount you pay when you fill a prescription for these drugs does not count toward your total drug costs (in other words, the amount you pay does not help you qualify for catastrophic coverage).

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD - Maintenance Drug • DL - Dispensing Limit

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If you need help filing a grievance, call **1-866-396-8810** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or by mail or phone at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019, 800-537-7697 (TDD)**.

Complaint forms are available at **<https://www.hhs.gov/ocr/office/file/index.html>**.

Auxiliary aids and services, free of charge, are available to you.

1-866-396-8810 (TTY: 711)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

Language assistance services, free of charge, are available to you.

1-866-396-8810 (TTY: 711)

Español (Spanish): Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

繁體中文 (Chinese): 撥打上面的電話號碼即可獲得免費語言援助服務。

Tiếng Việt (Vietnamese): Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

한국어 (Korean): 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

Tagalog (Tagalog – Filipino): Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

Русский (Russian): Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

Kreyòl Ayisyen (French Creole): Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

Français (French): Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

Polski (Polish): Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

Português (Portuguese): Ligue para o número acima indicado para receber serviços linguísticos, grátis.

Italiano (Italian): Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

日本語 (Japanese): 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

فارسی (Farsi)

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

Diné Bizaad (Navajo): Wóda'í béésh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé nika'adoowoł.

العربية (Arabic)

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There is no handwriting or other markings on the paper.

[illegible]



GRP23PDG2180021_v1

This abridged formulary was updated on 10/21/2020 and is not a complete list of drugs covered by our plan. For a complete listing, more recent information or other questions, please contact Humana Medicare Employer Plan at the number on the back of your membership card or, for TTY users, 711, Monday through Friday, from 8 a.m. - 9 p.m. Eastern Time. The automated phone system may answer your call on Saturdays, Sundays, and some public holidays. Please leave your name and telephone number, and we'll call you back by the end of the next business day, or visit **Humana.com**.



Humana.com

