

	Choice ²	Preferred ²	Premier
Stage 1: Yearly Deductible	\$310 (Brand Only)	\$310 (Brand Only)	\$0

Stage 2: Initial Coverage	Up to \$3,700		Up to \$3,700		Up to \$4,950 ³	
30 day supply, you pay						
Generic	\$12.50		\$12.50		\$12.50	
Preferred Brands	\$45.00		\$45.00		\$45.00	
Non-Preferred Brands	\$75.00		\$75.00		\$75.00	
Specialty	\$100.00		\$100.00		\$200.00	
90 day supply, you pay						
	Mail Order	Retail Pharmacy	Mail Order	Retail Pharmacy	Mail Order	Retail Pharmacy
Generic	\$25	\$30	\$25	\$30	\$25	\$30
Preferred Brands	\$90	\$95	\$90	\$95	\$90	\$95
Non-Preferred Brands	\$150	\$155	\$150	\$155	\$150	\$155
Specialty	N/A	N/A	N/A	N/A	N/A	N/A

Stage 3: Coverage Gap	Amount you pay between the initial coverage period and until you reach \$4,950 in out-of-pocket covered prescription drug costs. *Member portion after pharma discount and what the plan pays.				Not Applicable	
30 day supply, you pay						
Generic	51%		\$12.50		N/A	
Preferred Brands	40%*		40%*		N/A	
Non-Preferred Brands	40%*		40%*		N/A	
Specialty	40%*		40%*		N/A	
90 day supply, you pay						
	Mail Order	Retail Pharmacy	Mail Order	Retail Pharmacy	Mail Order	Retail Pharmacy
Generic	51%	51%	\$25	\$30	N/A	N/A
Preferred Brands	40%*	40%*	40%*	40%*	N/A	N/A
Non-Preferred Brands	40%*	40%*	40%*	40%*	N/A	N/A
Specialty	N/A	N/A	N/A	N/A	N/A	N/A

Stage 4: Catastrophic Coverage	After your yearly out-of-pocket drug costs reach \$4,950 you pay the greater of:					
30-90 day supply ¹ , you pay						
Generic (including Brand drugs treated as Generic)	\$3.30		\$3.30		\$3.30	
All Others	\$8.25		\$8.25		\$8.25	
Or the greater of (including Generic)	5% of co-insurance		5% of co-insurance		5% of co-insurance; up to \$200 maximum per prescription.	

Monthly Premium ⁴	\$121.93	\$166.91	\$385.24
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1 The benefit for a 90 day supply is limited to Rx formulary tiers 1-2 and most drugs on tier 3. Regardless of tier placement, Specialty Drugs are limited to a 30 day supply.

2 Home infusion drugs: after the deductible has been met, these drugs will be covered at the specified copayments until the member reaches the Catastrophic level.

3 Medicare sets rules about what counts and what does not count as your out-of-pocket costs. Refer to your evidence of coverage for full details.

4 Monthly Administration Fee is an additional \$10 per member, per month.

Humana is a stand-alone prescription drug plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premium and/or member cost-share may change each year. You must continue to pay your Part B premium.