

	Choice <sup>2</sup>	Preferred <sup>2</sup>	Premier
<b>Stage 1: Yearly Deductible</b>	\$310 (Brand Only)	\$310 (Brand Only)	\$0

<b>Stage 2: Initial Coverage</b>	Up to \$3,820		Up to \$3,820		Up to \$5,100 <sup>3</sup>	
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	\$15	\$30	\$15	\$30	\$15	\$30
Preferred Brands	\$60	\$95	\$60	\$95	\$60	\$95
Non-Preferred Brands	\$100	\$155	\$100	\$155	\$100	\$155
Specialty	N/A	N/A	N/A	N/A	N/A	N/A

There may be generic and brand-name drugs, as well as Medicare-covered drugs, in each of the tiers. See the Prescription Drug Guide to identify commonly prescribed prescription drugs in each tier.

<b>Stage 3: Coverage Gap</b>	Amount you pay between the initial coverage period and until you reach \$3,820 in out-of-pocket covered prescription drug costs. *Member portion after pharmacy discount and what the plan pays.				Not Applicable	
30 day supply, you pay						
Generic	37%		\$12.50		N/A	
Preferred Brands	25%*		25%*		N/A	
Non-Preferred Brands	25%*		25%*		N/A	
Specialty	25%*		25%*		N/A	
90 day supply, you pay						
	Mail Order	Retail Pharmacy	Mail Order	Retail Pharmacy	Mail Order	Retail Pharmacy
Generic	37%	37%	\$15	\$30	N/A	N/A
Preferred Brands	25%*	25%*	25%*	25%*	N/A	N/A
Non-Preferred Brands	25%*	25%*	25%*	25%*	N/A	N/A
Specialty	N/A	N/A	N/A	N/A	N/A	N/A

<b>Stage 4: Catastrophic Coverage</b>	After your yearly out-of-pocket drug costs reach \$5,100 you pay the greater of:		
30-90 day supply <sup>1</sup> , you pay			
Generic (including Brand drugs treated as Generic)	\$3.40	\$3.40	\$3.40
All Others	\$8.50	\$8.50	\$8.50
Or the greater of (including Generic)	5% of co-insurance	5% of co-insurance	5% of co-insurance; up to \$200 maximum per prescription.

<b>Monthly Premium<sup>4</sup></b>	\$121.93	\$176.91	\$405.16
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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 \$20 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.